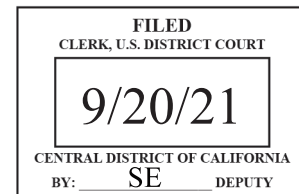


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Telephone: (310) 728-6588



Attorneys for Relators and Plaintiff-Relator

IN THE UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

[UNDER SEAL],
Plaintiffs,

v.

[UNDER SEAL],
Defendants.

CASE NO. CV 18-08311-ODW(AS)

PART 4 OF 13
(EXHIBITS 38 – 42)

FOURTH AMENDED COMPLAINT

[FILED IN CAMERA AND UNDER SEAL
PURSUANT TO 31 U.S.C. § 3730(b)(2)]

MARLAN B. WILBANKS (SBN 758223 – Admitted Pro Hac Vice)
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Attorneys for Relators and Plaintiff-Relator

IN THE UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA *ex*
rel. **IONM LLC**, a Delaware corporation
and *ex rel.* **JUSTIN**
CHEONGSIATMOY, M.D.;
STATE OF CALIFORNIA *ex rel.*
IONM LLC, a Delaware corporation and
ex rel. **JUSTIN CHEONGSIATMOY,**

CASE NO. CV 18-08311-ODW(AS)

PART 4 OF 13
(EXHIBITS 38 – 42)

FOURTH AMENDED COMPLAINT

1 **M.D;** and **LOS ANGELES COUNTY** *ex*
2 *rel.* **IONM LLC**, a Delaware corporation;
3 and *ex rel.* **JUSTIN**
4 **CHEONGSIATMOY, M.D.**, and
5 **JUSTIN CHEONGSIATMOY, M.D.**, in
his individual capacity

6 Plaintiffs,

7 v.

8
9 **UNIVERSITY OF SOUTHERN**
10 **CALIFORNIA**, a California corporation;
11 and

12 **USC CARE MEDICAL GROUP, INC.**,
13 a California corporation,

14 Defendants.
15
16
17
18

19 **[FILED IN CAMERA AND UNDER SEAL**
20 **PURSUANT TO 31 U.S.C. § 3730(b)(2)]**
21
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Exhibit 38

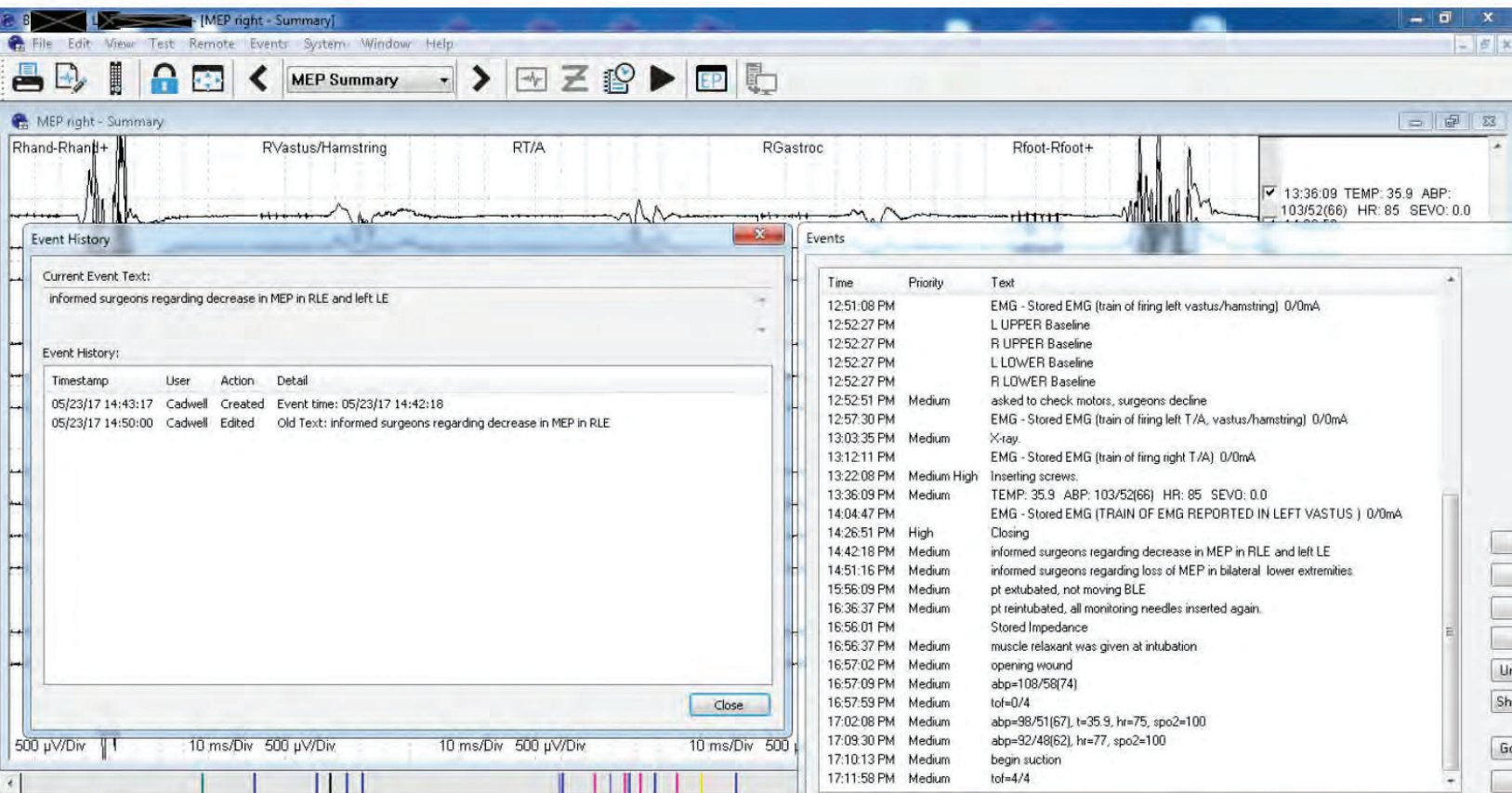
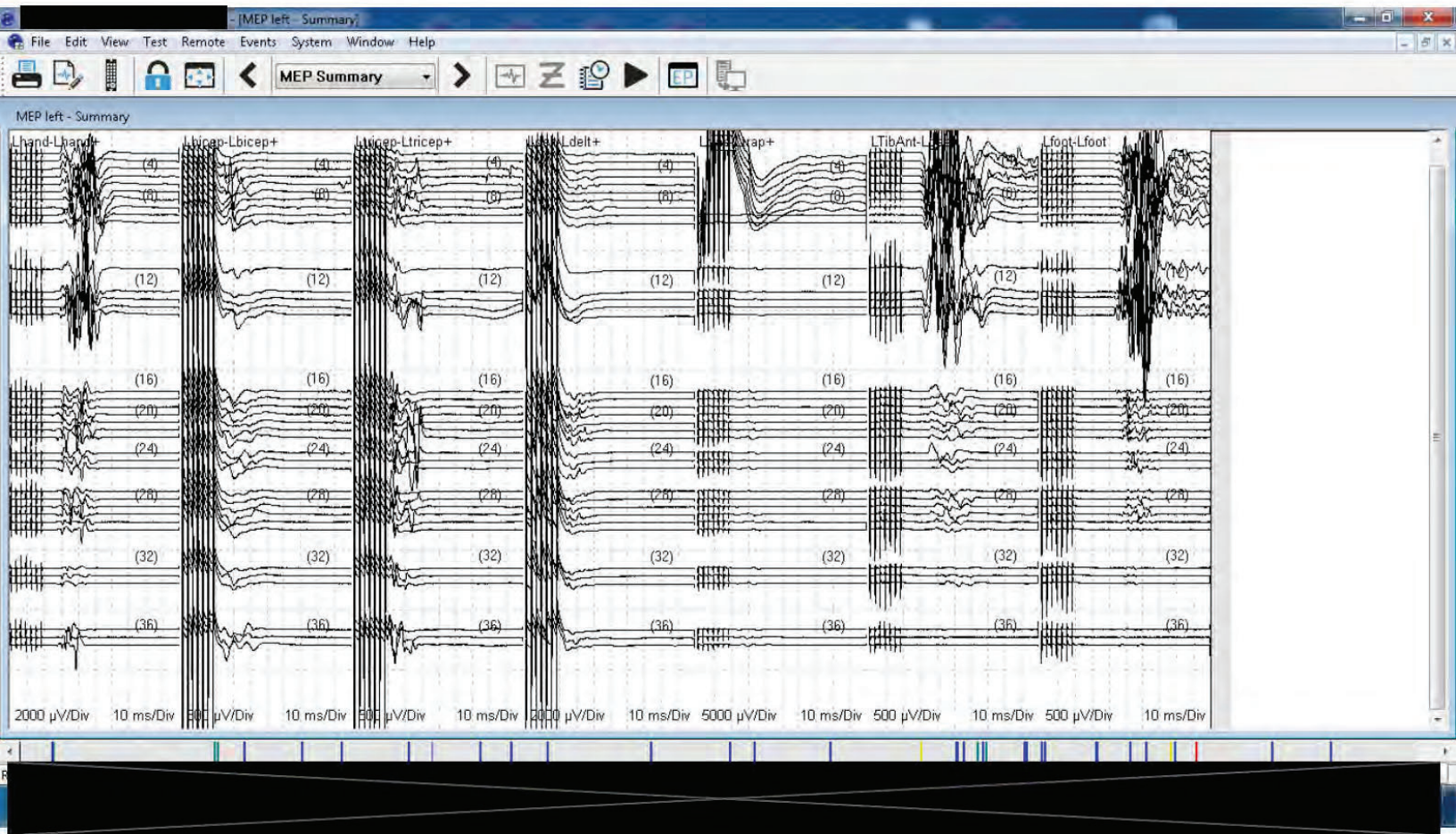


Exhibit 39



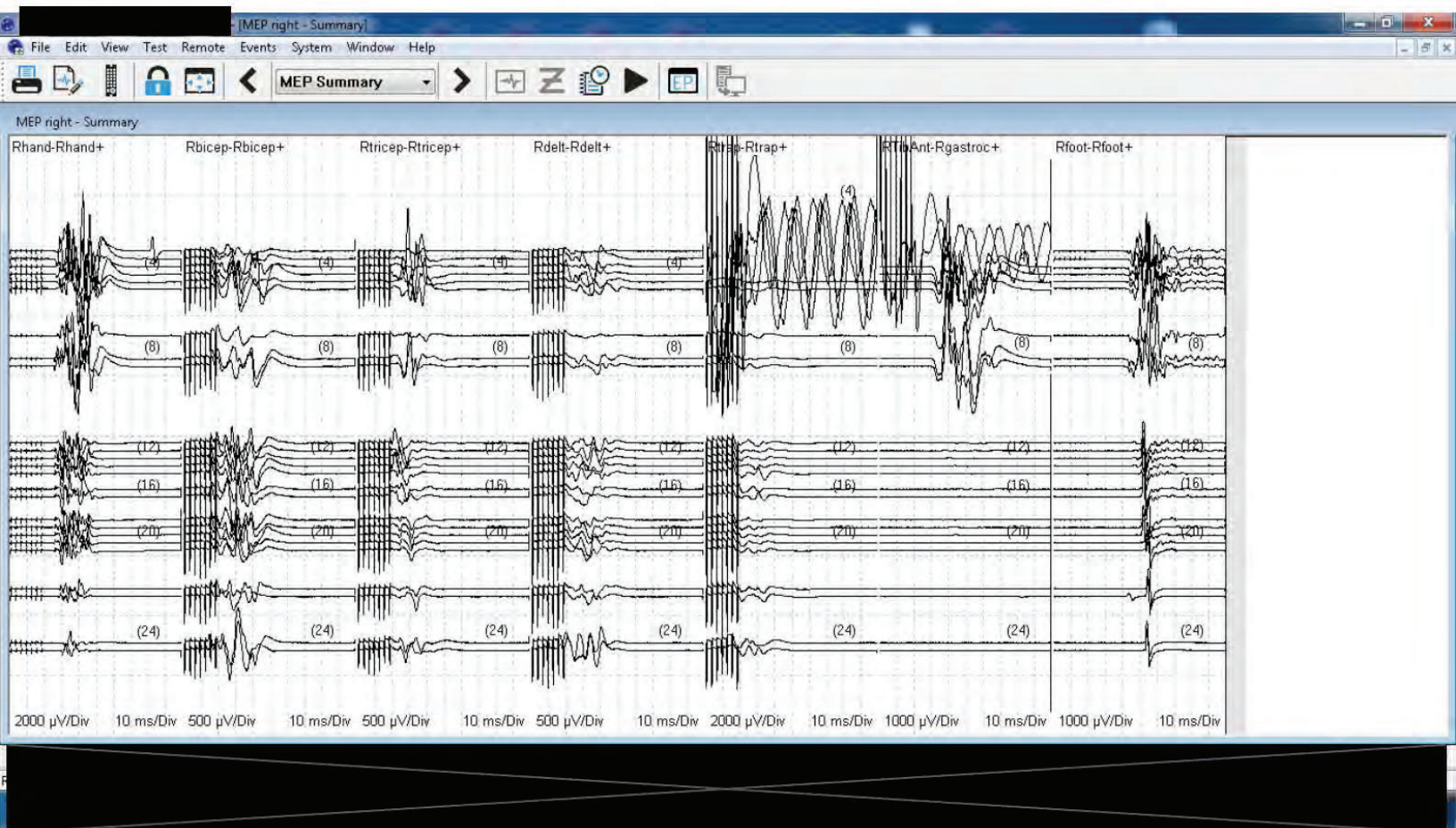


Exhibit 40

UNIVERSITY OF SOUTHERN CALIFORNIA**IOM Technologist, Sr./Administrator****Job Code: 187879****OT Eligible: No****Comp Approval: 9/3/2015****JOB SUMMARY:**

Provides clinical oversight and training of technologists involved in the Intraoperative Neurophysiological Monitoring program at LAC+USC Medical Center within the Neurophysiology Program at USC. Creates and evaluates comprehensive technologist competencies to assess the technologist having suitable skills, knowledge, ability, training and experience to ensure quality services and patient safety in the various monitoring modalities. Administers program operations and administrative functions to include compliance with university/department policies and procedures and regulatory agencies, purchasing, quality control, short and long term planning, personnel administration, problem resolution and daily maintenance of patient data. Develops and recommends program operating and administrative policies. Schedules and assigns work of staff and third party organizations contracted for overflow. Works under minimal supervision on all phases of intraoperative neurophysiological monitoring. Performs all aspects of intraoperative neurophysiological monitoring independently to assess the functional integrity of the peripheral and/or central nervous system during vascular, orthopedic, and neurosurgical operative procedures on patients.

JOB ACCOUNTABILITIES:***E/M/NA % TIME**

_____	_____	Supervises and oversees technologists in the operating room. Provides guidance, direction and training, as required. Ensures delivery of comprehensive intraoperative neurophysiological monitoring services, compliance with university/department policies and regulatory agencies and quality control. Coordinates activities, etc.
_____	_____	Plans, develops and implements training program for technologists. Develops and trains technologist in competencies of the various monitoring modalities. Demonstrates techniques, equipment and procedures to others.
_____	_____	Creates comprehensive technologist competencies to assess quality in the various monitoring modalities and evaluates technologist competencies on a biyearly basis.
_____	_____	Schedules and assigns work to staff and third party organizations contracted for overflow. Ensures appropriate staffing levels and makes adjustments as necessary. Reviews monitoring data, provides feedback, and ensures quality standards are maintained.
_____	_____	Develops and maintains automated or manual systems and procedures to facilitate program operations.
_____	_____	Identifies areas to broaden the scope of services. Determines modifications necessary for new surgical procedures.
_____	_____	Develops, implements and recommends program operating and administrative policies. Conveys established policies and procedures.

- _____ Performs all aspects of neurodiagnostic testing procedures independently, which include intraoperative room monitoring to assess the functional integrity of the peripheral and/or central nervous system during vascular, orthopedic, and neurosurgical operative procedures on patients of varying ages and medical conditions, in accordance with standards of practice. Uses electrophysical methods, such as EEG, EMG, and evoked potentials to monitor the functional integrity of neural structures during surgery, utilizing a variety of sophisticated instruments.
- _____ Serves as a key resource for program information. Resolves problems or questions referred by program staff or other individuals.
- _____ Maintains equipment and supply inventories. Purchases equipment, as required
- _____ Maintains compliance with established university and department policies and procedures, quality assurance, safety, environmental, infection control and complies with requirements of accreditation and regulatory agencies.
- _____ Maintains patient data, daily. Generates reports of each monitored case and corresponding billing invoices for services rendered. Prepares data for physician review.
- _____ Stays informed of developments in field, reading pertinent literature.
- _____ Performs other related duties as assigned or requested. The university reserves the right to add or change duties at any time.

***Select E (ESSENTIAL), M (MARGINAL) or NA (NON-APPLICABLE) to denote importance of each job function to position.**

EMERGENCY RESPONSE/RECOVERY:

Essential: ☐ No

☐ Yes In the event of an emergency, the employee holding this position is required to "report to duty" in accordance with the university's Emergency Operations Plan and/or the employee's department's emergency response and/or recovery plans. Familiarity with those plans and regular training to implement those plans is required. During or immediately following an emergency, the employee will be notified to assist in the emergency response efforts, and mobilize other staff members if needed.

JOB QUALIFICATIONS:

Minimum Education:

Specialized/technical training

Minimum Experience:

3 years

Minimum Field of Expertise:

Graduate of an electroneurodiagnostic technology program accredited by the Committee on Allied Health Education or equivalent. Registration in electroencephalography and/or evoked potentials, and CNIM. Knowledge of neuro anatomy and physiology, electronics and electrical safety, knowledge of EEG/EP/EMG instrumentation, pattern recognition and various medical pharmacological conditions that influence an EEG and/or EP during surgery.

Preferred Field of Expertise:

American Board of Neurophysiologic Monitoring (ABNM) certified or eligible

Skills: Administrative:

- Assemble and organize numerical data
- Clinical documentation
- Compute totals
- Coordinate work of others
- Gather data
- Input data
- Understand and apply policies and procedures
- Use database and/or word processing software

Skills: Other:

- Analysis
- Assessment/evaluation
- Communication -- written and oral skills
- Interpretation of policies/analyses/trends/etc.
- Knowledge of applicable laws/policies/principles/etc.
- Lead/guidance skills
- Organization
- Planning
- Problem identification and resolution
- Project management
- Research
- Scheduling
- Teaching/training

Skills: Laboratory:

- Basic laboratory safety techniques
- Equipment maintenance
- Maintenance and monitoring of equipment
- Maintenance of records and documentation

Skills: Machine/Equipment:

- Calculator
- Computer network (department or school)
- Computer network (university)
- Computer peripheral equipment
- Fax
- Personal computer

Supervises: Level:

Leads one or more employees performing similar work.

Supervises: Nature of Work:

Technical

SIGNATURES:

IOM Technologist, Sr./Administrator - Job Code: 187879

Page 4

Employee: _____ Date: _____

Supervisor: _____ Date: _____

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified.

The University of Southern California is an Equal Opportunity Employer

Exhibit 41

Intraoperative Note
* Final Report *

*** Final Report ***

Procedure Date: 12/19/2017

Study #: LAC 17- 533

Referring Physician: Russin, M.D.

Technician: NN/ PP

OR#: 7

Patient History:

Surgical Procedure: Craniotomy for left temporal lobectomy

MONITORING MODALITIES:

SSEPs (somatosensory evoked potentials) TcMEPs (transcranial motor evoked potentials) and raw EEG.

RESULTS:

During the procedure the aforementioned modalities were continuously monitored.

The surgeon was informed at baseline that the patient's potentials amplitudes were adequate for monitoring bilaterally. These waveforms remained stable on left side throughout the procedure while **motor evoked potentials become absent on right side during surgery. 7.5 hours were spent monitoring,** and the surgeons were kept informed of the monitoring status and any significant changes.

IMPRESSION:

Somatosensory evoked potentials and Transcranial Motor evoked potentials were **continuously monitored during surgery. The following changes were observed.**

Motor evoked potentials become completely absent on right upper and lower extremity after resection which improved in right lower extremity after hemostasis while it remained absent in right upper extremity at closing.

Please see comment.

COMMENT: The changes seen in the right upper and lower extremity motor evoked potentials during surgery suggest that an interruption of this pathway occurred.

Clinical Correlation is strongly advised.

Further monitoring data is available by contacting the Intraoperative Neurophysiological Monitoring department.

Signature Line

Electronically Signed on 12/19/17 16:19 PST

Parikh, Pooja, Department

Operative Report
 * Final Report *

reaching the ambient cistern. A hole in the arachnoid was made using a micro scissor, allowing the release of CSF fluid and relaxation of the brain. As this relaxation occurred, the temporal lobe was retracted further using a combination of patties and Surgicel with gentle retraction using instruments with no permanent retractor, and the neuro navigation system was then used to confirm, in addition to anatomical navigation, that the collateral sulcus was found. This was then opened sharply using a combination of bipolar and micro scissors to the arachnoid and carefully separated. This was then opened down to the level of the ventricle, which was opened into. Then gentle opening of the ventricle in an anterior and posterior direction was done in order to expose the hippocampus as the hippocampus was exposed from the anteriormost portion of the temporal horn to a posterior portion to the tail, which was safely able to be reached from our opening. This dissection was done with a combination of bipolar, A dissector, and Fukushima. Then a combination of CUSA, Fukushima and A dissector was used for a gentle subpial dissection to remove the hippocampus en bloc. This was done carefully, and the pia was separated from the hippocampus and the parahippocampal structures, taking care to leave the fusiform gyrus in place. The hippocampal artery and vein were identified and bipolarized. The neuro monitoring was used to monitor MEPs and SSEPs throughout the case, which were checked periodically approximately every 20-30 minutes. The hippocampal artery and vein were identified and then dissected, taking care not to take veins or arteries that were en passage. The CUSA was also used for an anterior disconnection at the level where the hippocampus met the uncus notch and posteriorly at the tail as far back as could be reached safely, which was also identified on neuro navigation to be at approximately the level of the aqueduct. Once this was done, the hippocampus was removed en bloc. At this time, a portion of the tail of the hippocampus was then resected using the CUSA, reaching back slightly further approximately 0.5 cm. Our attention was then turned toward the amygdala. The amygdala was removed in a subpial dissection. Once the amygdala was taken out, the MEPs were checked with no changes. However, approximately 15 minutes after that, the SSEPs were stable, but the MEPs were checked again, and at this time, there was a loss of motor evoked potentials on the patient's right side in hand and arm, leg and foot. The blood pressure was then raised, and the stimulation was turned up. However, there were still no motor evoked potentials on the right side. The patient was placed into burst suppression. The area was explored, and it was noted that this time that there was a disruption of the branches of the anterior choroidal artery that was reaching back. There was a disruption of this artery, and it appeared to be clotted. An attempt was made to open the artery by massaging the clot out, and ICG was used after this to verify to see if the artery was open, as it looked pulsatile. It was possible that there was some flow going through, but it was difficult to tell. There was no change in the motor evoked potentials at this time. After that, the area was hemostased using a combination of Surgicel and Gelfoam. The area was irrigated out copiously with LR with bacitracin. Once hemostasis was achieved, and the area was filled with irrigation, a 3 x 3 piece of suturable DuraGen was sutured into the dura which was then closed in a watertight fashion using 4-0 Nurolon and Tiseal was placed over the area. The bone was waxed with bone wax. The bone was replaced using Stryker plating system, and the temporalis was reapproximated using 2-0 Vicryl. The galea was reapproximated using 2-0 Vicryl. The skin was closed using a 3-0 Monocryl, and a combination of bacitracin, gauze and paper tape was used to cover the wounds. Upon closing, the patient was taken out of burst suppression, and then woken up after closing was completed. Upon waking up, it was noted the patient was not moving his right side, but was moving the left side well. After giving him time to wake up further, he was moving his left side without issue and was withdrawing slightly with 2/5 in his lower extremity on the right and no movement was noted in his right upper extremity. He was also noted to have a right-sided facial. The patient was extubated and taken to the ICU for further care with increased blood pressure. Goal of SBP 140-160.

COMPLICATION: Anterior choroidal perforating artery stroke with loss of motor evoked potentials and loss of motor strength on the right side.

BLOOD LOSS: 100

FLUIDS: As per Anesthesia.

RAINS: None.

DISPOSITION: To the neurosurgical ICU. This was discussed with Dr. Russin and Dr. Mehta, who agreed. While the patient was being closed, Dr. Russin spoke with the family to let them know that the motor evoked potentials had dropped. Then following the surgery and following the patient waking up, the family, the patient's sister, was informed of his weakness and told that this deficit would be permanent. All questions were answered, and it was stated that this was a complication of surgery. The patient's Page 3 of 3

(Continued)

Operative Report

* Final Report *

she understood, and all concerns were addressed. This event was reported to the central reporting agency for our hospital within 24 hours. An MRI was also obtained to confirm the stroke, which was confirmed on postoperative MRI. This was discussed with Dr. Russin and Dr. Mehta, who agreed.

Dictated By: Daniel Richard Kramer, MD

Vivek Mehta.

DRK/MODL

JOB #: 

Signature Line

Electronically Signed on 12/28/17 13:45 PST

Kramer, Daniel Richard, MD

Acosta, Frank L., MD.

Neurosurgery Inpatient Progress Note

* Final Report *

*** Final Report ***

postop check:

E3M6V4

sleepy, arousable to verbal stim, oriented 2x

OU 5-3

speech dysarthric, few words

R facial droop, able to close both eyes fully

LUE follows commands

RUE no mvmt to max stim

LLE follows commands

RLE weak antigravity to max stim

surgical incision c/d/i, island dressing in place

Lee/Bonney

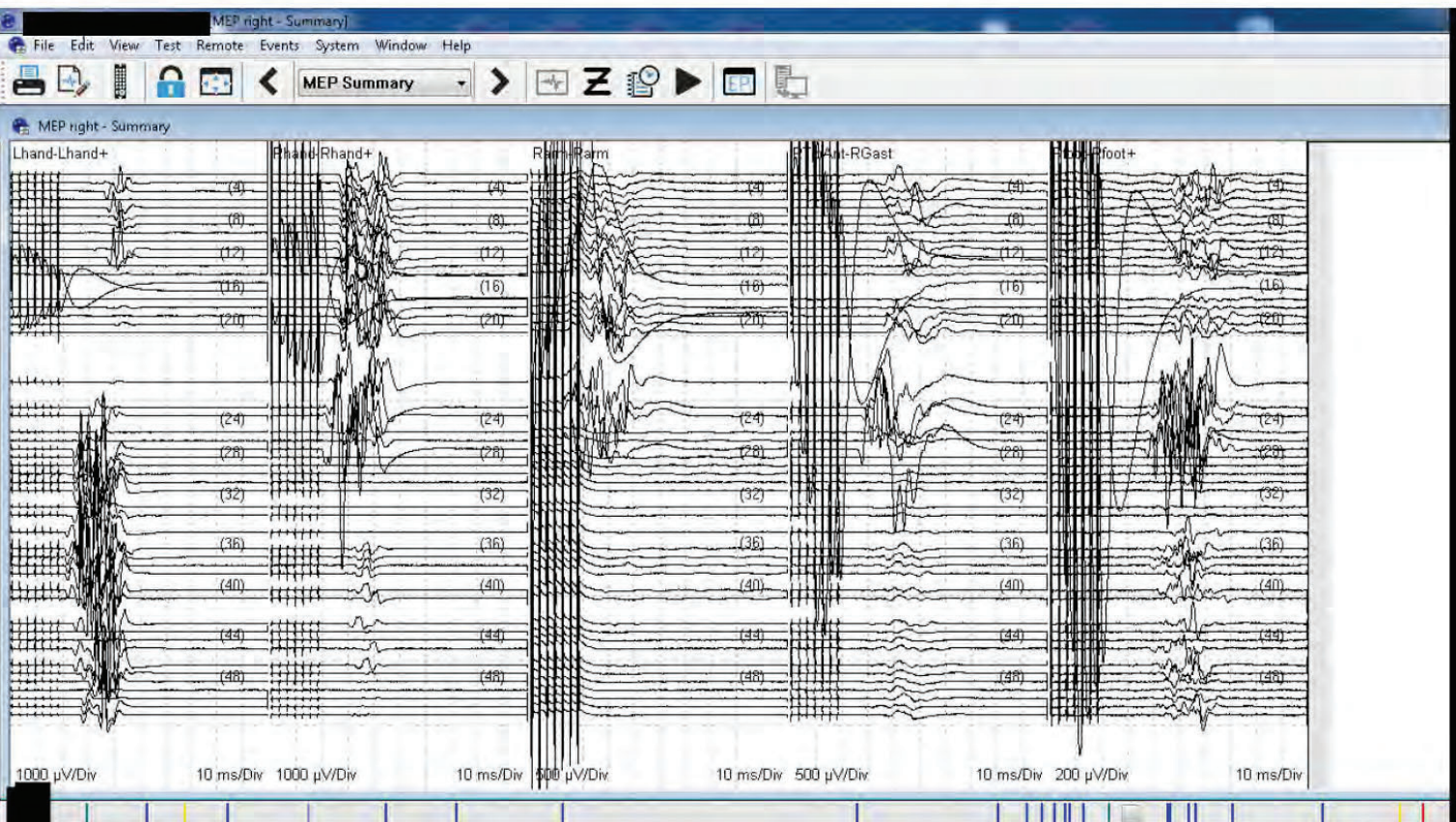
Att Mehta

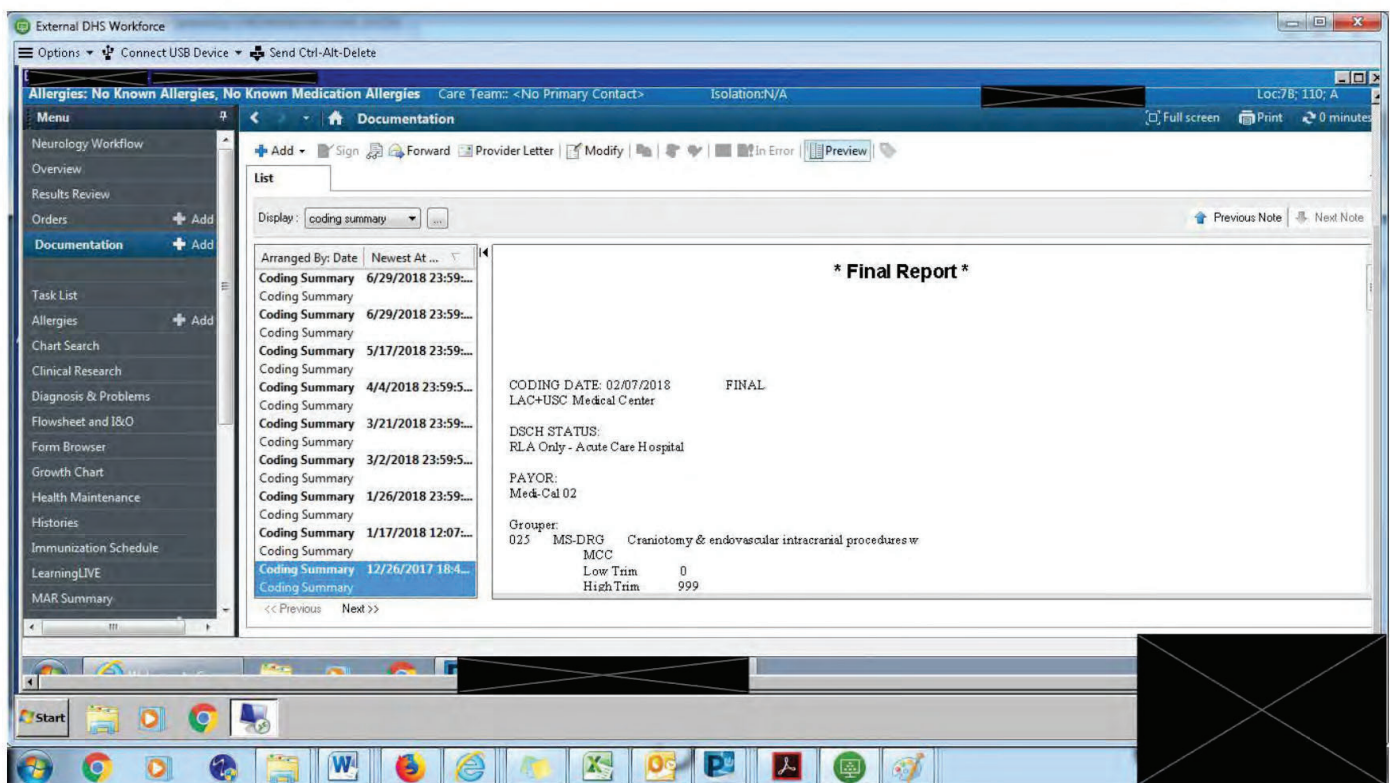
Att Russin

Signature Line

Electronically Signed on 12/21/17 09:03 PST

Lee, Justin C., MD.





External DHS Workforce

Options Connect USB Device Send Ctrl-Alt-Delete

Physician Handoff Home Message Center Patient List Discharge Dashboard MyDHS Amion iMedConsent E-Consult Abnor: 0 Crit: 0 Propo: 0 CURES DHS - CCL POLST GoToAssist

Tear Off Suspend Charges Exit Calculator AdHoc Specimen Collection PM Conversation Communicate Patient Education Add Patient Pharmacy iAware Scheduling Appointment Book

DOB: [REDACTED] Age: 54 years Code Status: N/A MRN: [REDACTED]
Hold Status: N/A Sex: [REDACTED] Dosing Wt: 64.000 kg (12/21/2017) FIN: [REDACTED]
Care Team: <No Primary Contact> Isolation: N/A Loc7B: 110; A

Orders

Reconciliation Status: ☒ Meds History ☒ Admission ☒ Discharge

View: Medical Discharge Orders Suggested Plans (0) Orders Admit/Transfer/ Patient Care Restraints/Hold St Activity Diet/Nutrition Fluids/Continuou Medications Laboratory Radiology Card/Vasc/Neuro Respiratory

Displayed: All Active Orders | All Inactive Orders | All Orders (All Statuses) Show More Orders...

		Order Name	Status	Dose ...	Details	Ord...	Ordering Physician
Inactive		Communication Order	Discontinued		12/20/17 10:28:00 PST, Plac...		Rangwala, Shivani D
		Notify Provider	Discontinued		12/19/17 16:25:00 PST, Cha...		Lee, Justin C.
		Communication Order	Discontinued		12/20/17 1:19:00 PST, NGT ...		Acevedo, Joseph Roy
Procedures							
Inactive							
		95939 Central Motor Evoked Potential (MEP) St...	Completed		12/19/17 16:20:00 PST		Gonzalez, Andres A.
		95938 Short-Latency Somatosensory Evoked Po...	Completed		12/19/17 16:20:00 PST		Gonzalez, Andres A.
		95940- Continuous IONM (personal)	Completed		12/19/17 16:20:00 PST, Q15...		Gonzalez, Andres A.
Special							
Active							
		Request Admit to ICU	Ordered		12/19/17 16:26:00 PST		SYSTEM, SYSTEM Cerner
Non Categorized							

External DHS Workforce

Options Connect USB Device Send Ctrl-Alt-Delete

Order Information for: 95940- Continuous IONM (personal)

Task View Help

Original order entered and electronically signed by Parikh, Pooja on 12/19/2017 at 16:20 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department

95940- Continuous IONM (personal)

Details Additional Info History Comments Validation Results Ingredients Pharmacy

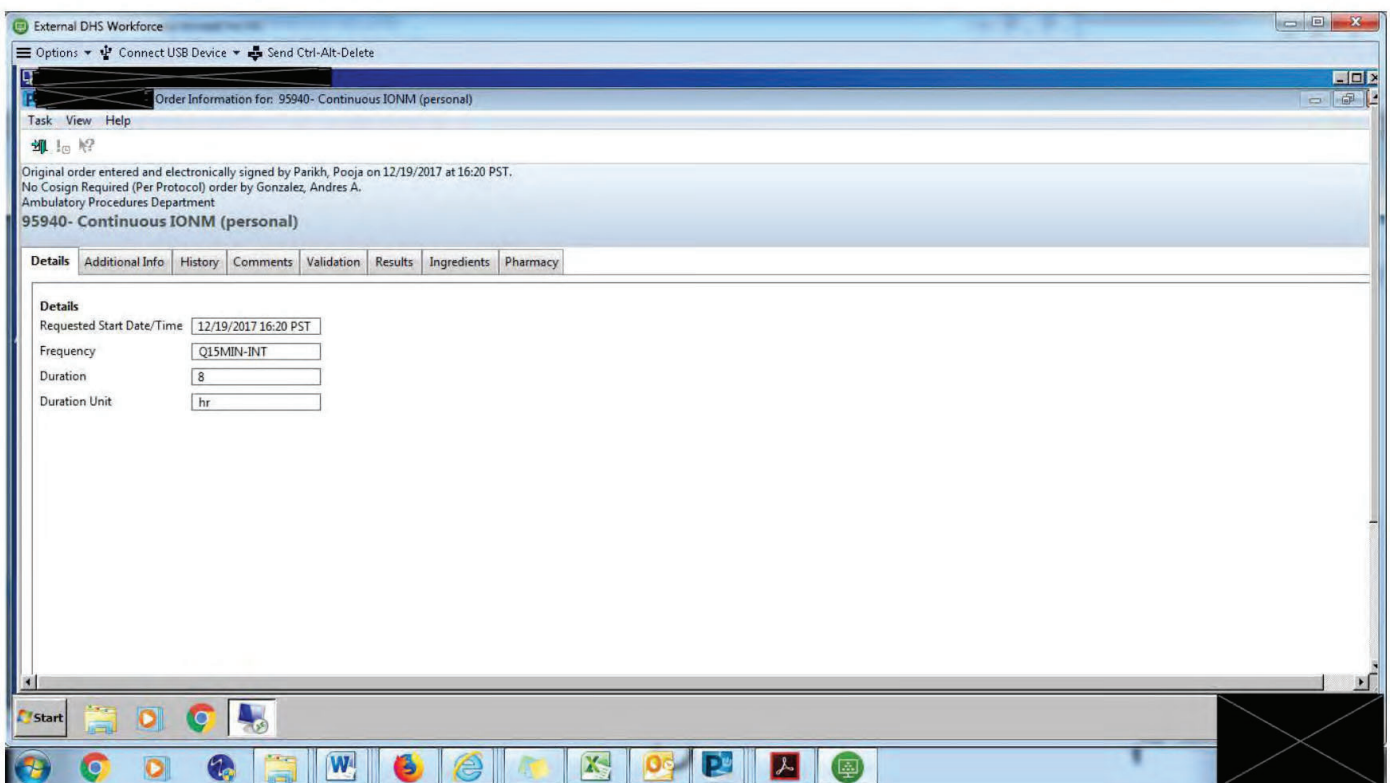
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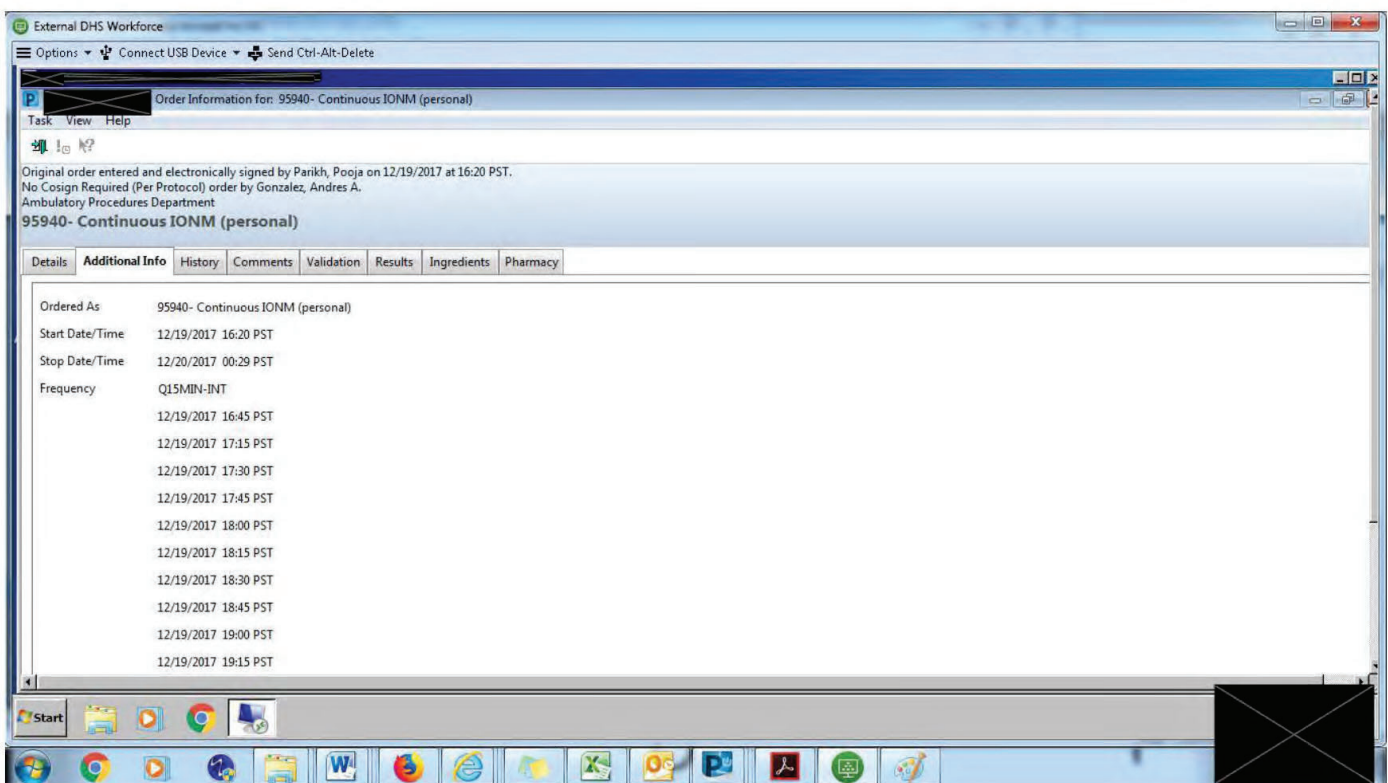
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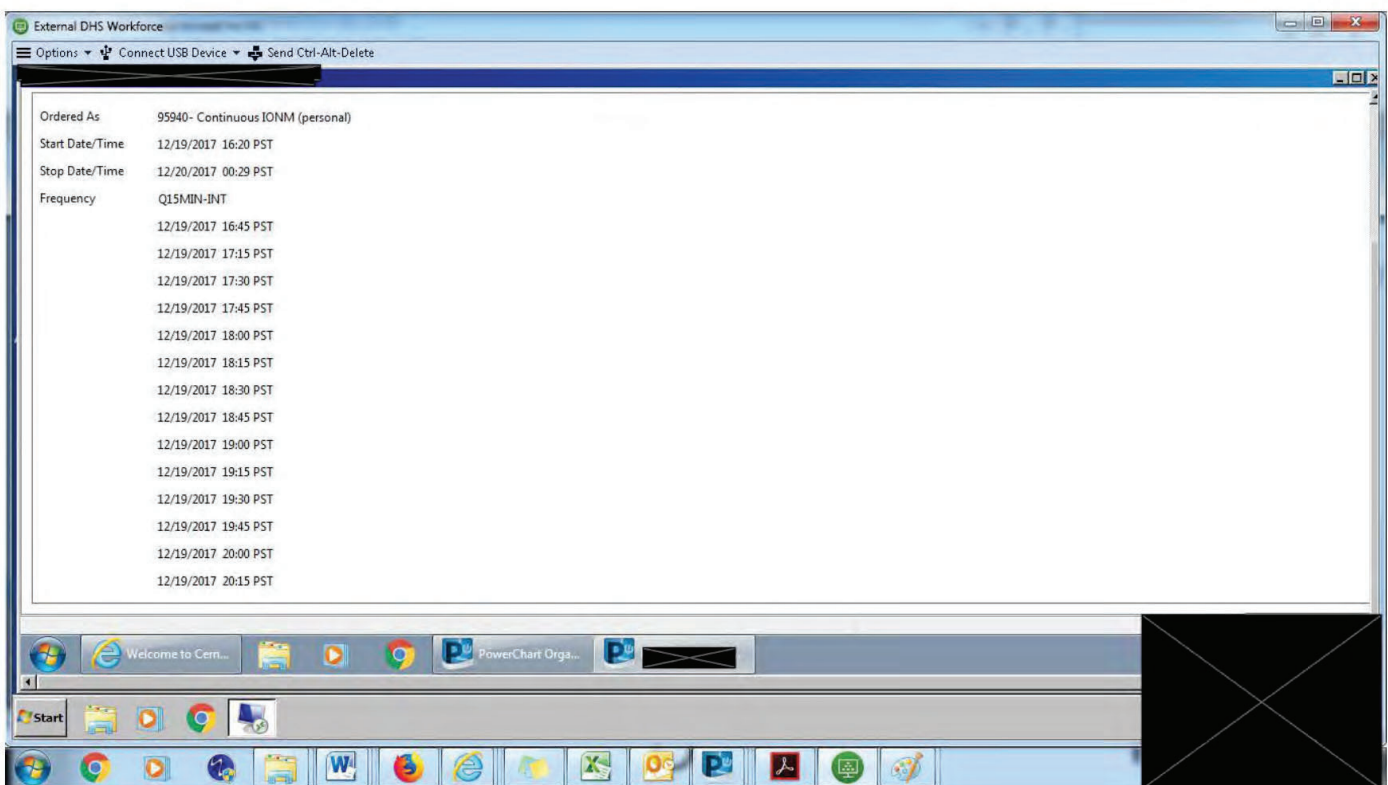
Frequency Q15MIN-INT

Duration 8

Duration Unit hr







External DHS Workforce

Options Connect USB Device Send Ctrl-Alt-Delete

Order Information for: 95940- Continuous IONM (personal)

Task View Options Help

Original order entered and electronically signed by Parikh, Pooja on 12/19/2017 at 16:20 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department

95940- Continuous IONM (personal)

Details Additional Info **History** Comments Validation Results Ingredients Pharmacy

Status Change 12/20/2017 00:31 PST
Order 12/19/2017 16:21 PST

Status Change 12/20/2017 00:31 PST
Entered and electronically signed by SYSTEM, SYSTEM Cerner on 12/20/2017 at 00:31 PST.
Ordered by Gonzalez, Andres A.

Status	After	Before
Order Status	Completed	Ordered
Department Status	Completed	Ordered

Details

Order 12/19/2017 16:21 PST
Entered and electronically signed by Parikh, Pooja on 12/19/2017 at 16:20 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.

Status

Order Status	Ordered
Department Status	Ordered

Details

Requested Start Date/Time	12/19/2017 16:20 PST
Frequency	Q15MIN-INT

External DHS Workforce

Options Connect USB Device Send Ctrl-Alt-Delete

20/2017 00:31 PST

Order 12/19/2017 16:21 PST

Status Change 12/20/2017 00:31 PST
Entered and electronically signed by SYSTEM, SYSTEM Cerner on 12/20/2017 at 00:31 PST.
Ordered by Gonzalez, Andres A.

Status	After	Before
Order Status	Completed	Ordered
Department Status	Completed	Ordered

Details

Order 12/19/2017 16:21 PST
Entered and electronically signed by Parikh, Pooja on 12/19/2017 at 16:20 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.

Status

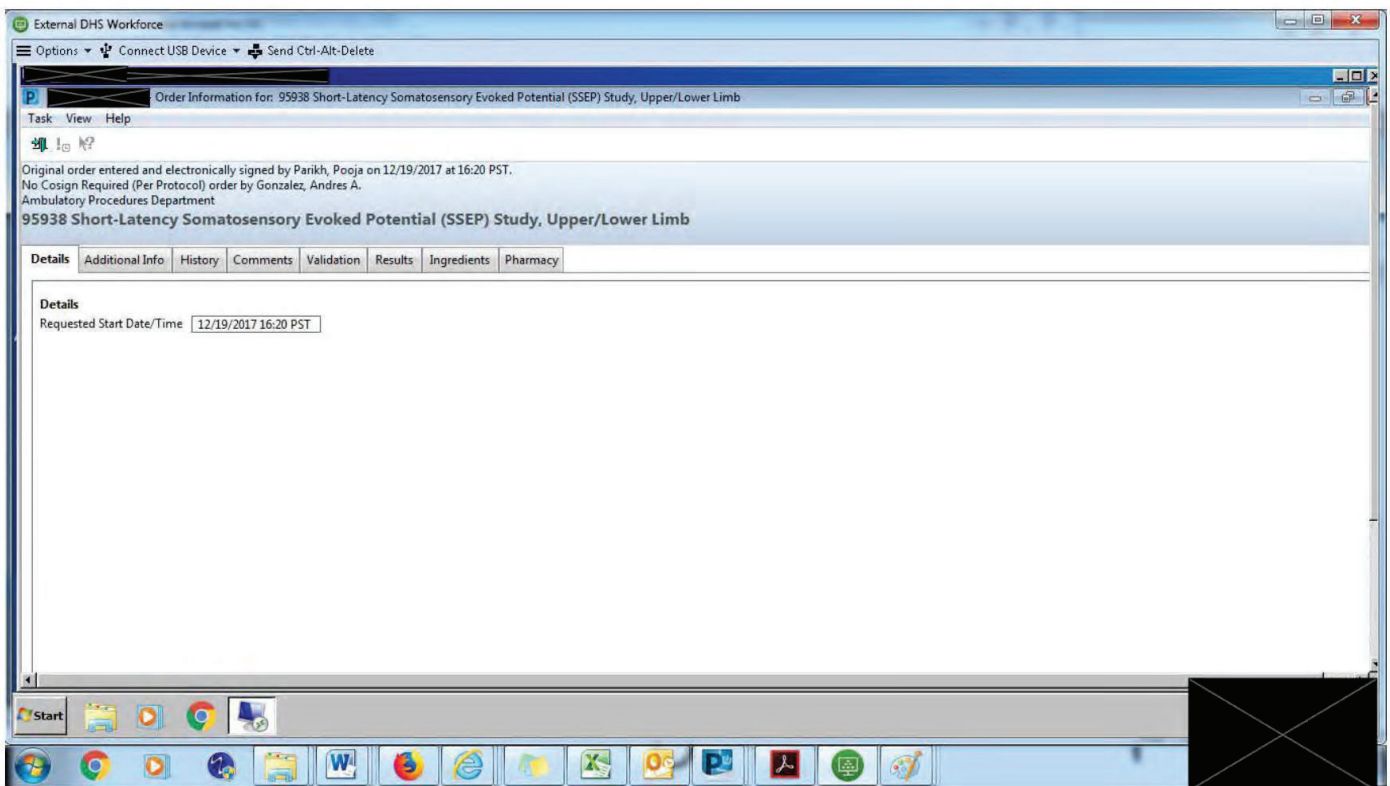
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Department Status	Ordered

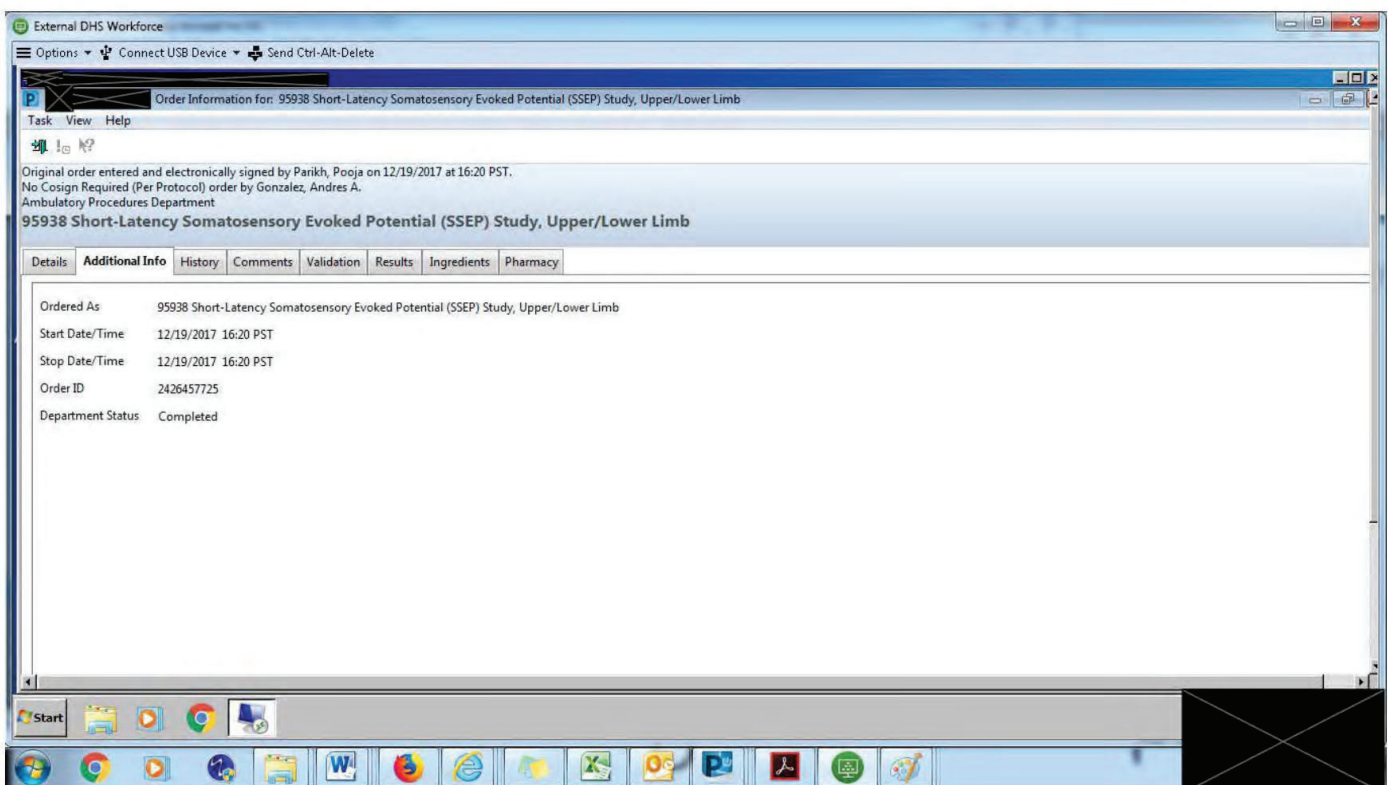
Details

Requested Start Date/Time	12/19/2017 16:20 PST
Frequency	Q15MIN-INT
Duration	8
Duration Unit	hr

Welcome to Cern... PowerChart Orga...

Start





External DHS Workforce

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Order Information for: 95938 Short-Latency Somatosensory Evoked Potential (SSEP) Study, Upper/Lower Limb

Task View Options Help

Original order entered and electronically signed by Parikh, Pooja on 12/19/2017 at 16:20 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department

95938 Short-Latency Somatosensory Evoked Potential (SSEP) Study, Upper/Lower Limb

Details Additional Info **History** Comments Validation Results Ingredients Pharmacy

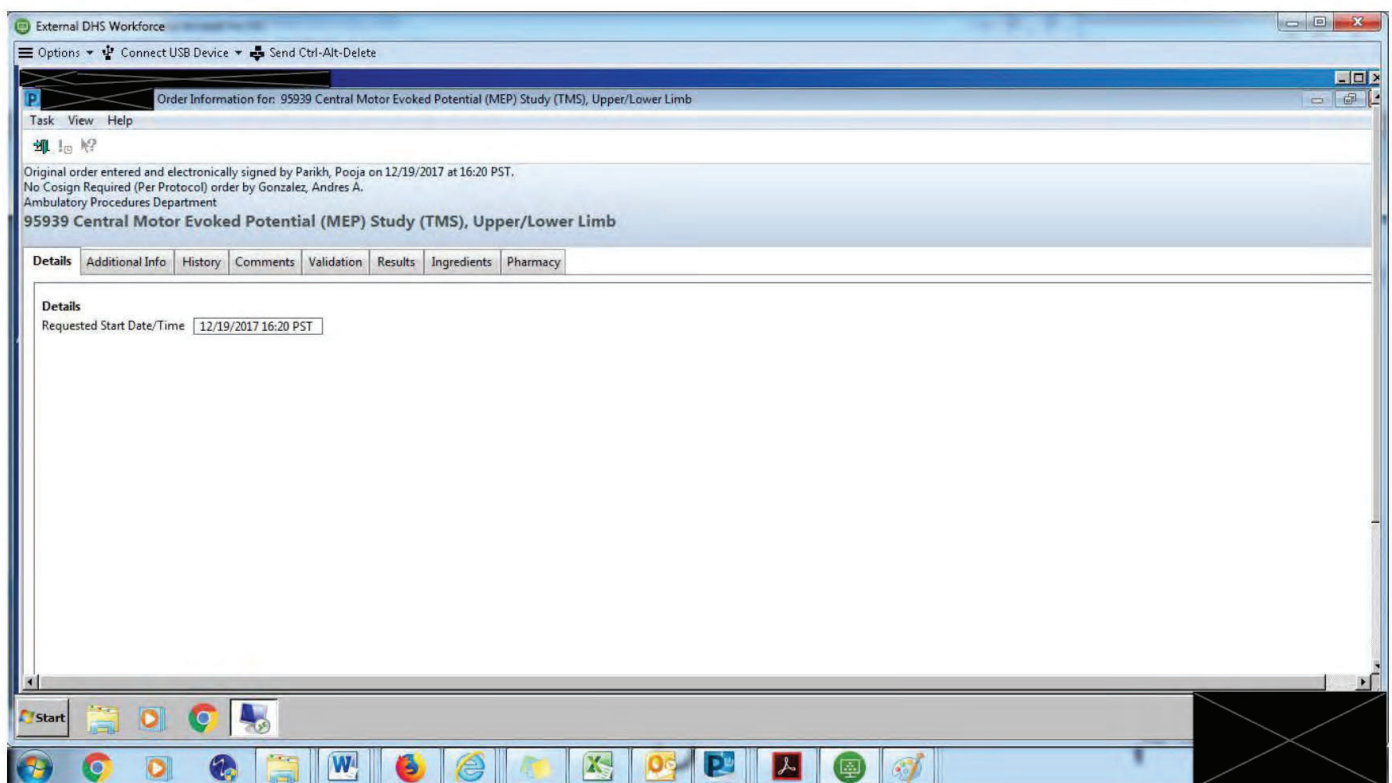
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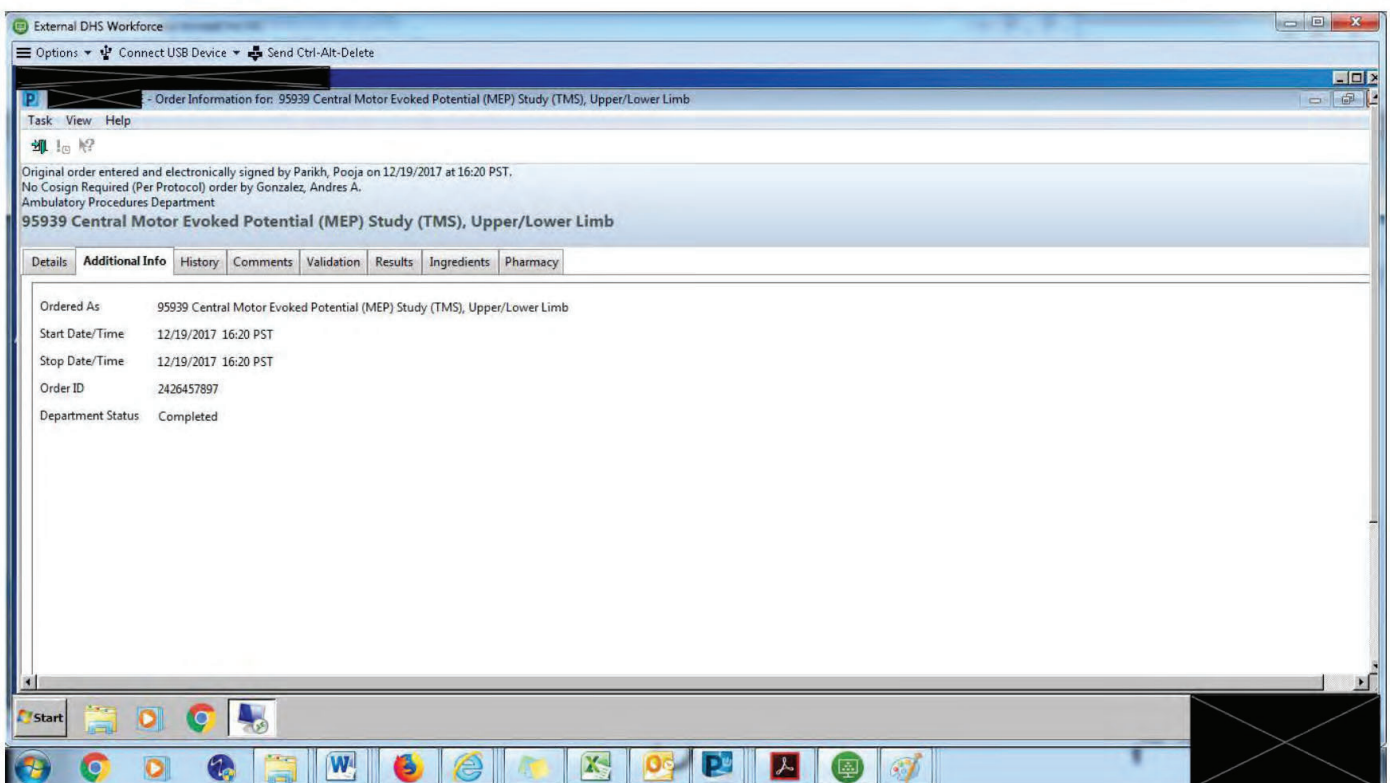
Order 12/19/2017 16:21 PST
Entered and electronically signed by Parikh, Pooja on 12/19/2017 at 16:20 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.

Status
Order Status
Department Status

Details
Requested Start Date/Time

Start





External DHS Workforce

Options Connect USB Device Send Ctrl-Alt-Delete

Order Information for: 95939 Central Motor Evoked Potential (MEP) Study (TMS), Upper/Lower Limb

Task View Options Help

Original order entered and electronically signed by Parikh, Pooja on 12/19/2017 at 16:20 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department

95939 Central Motor Evoked Potential (MEP) Study (TMS), Upper/Lower Limb

Details Additional Info **History** Comments Validation Results Ingredients Pharmacy

Order 12/19/2017 16:21 PST

Order 12/19/2017 16:21 PST
Entered and electronically signed by Parikh, Pooja on 12/19/2017 at 16:20 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.

Status
Order Status
Department Status

Details
Requested Start Date/Time

Start

Taskbar icons: Start, Internet Explorer, Google Chrome, Microsoft Word, Microsoft Excel, Microsoft PowerPoint, Adobe Reader, etc.

Intraoperative Note

* Final Report *

*** Final Report ***

Procedure Date: 12/19/2017

Study #: LAC 17- 533

Referring Physician: Russin, M.D.

Technician: NN/ PP

OR#: 7

Patient History:

Surgical Procedure: Craniotomy for left temporal lobectomy

MONITORING MODALITIES:

SSEPs (somatosensory evoked potentials) TcMEPs (transcranial motor evoked potentials) and raw EEG.

RESULTS:

During the procedure the aforementioned modalities were continuously monitored.

The surgeon was informed at baseline that the patient's potentials amplitudes were adequate for monitoring bilaterally. These waveforms remained stable on left side throughout the procedure while motor evoked potentials become absent on right side during surgery. 7.5 hours were spent monitoring, and the surgeons were kept informed of the monitoring status and any significant changes.

IMPRESSION:

Somatosensory evoked potentials and Transcranial Motor evoked potentials were continuously monitored during surgery. The following changes were observed.

Motor evoked potentials become completely absent on right upper and lower extremity after resection which improved in right lower extremity after hemostasis while it remained absent in right upper extremity at closing.

Please see comment.

COMMENT: The changes seen in the right upper and lower extremity motor evoked potentials during surgery suggest that an interruption of this pathway occurred.

Clinical Correlation is strongly advised.

Further monitoring data is available by contacting the Intraoperative Neurophysiological Monitoring department.

Signature Line

Electronically Signed on 12/19/17 16:19 PST

Parikh, Pooja, Department

3 PS Thes

Operative Report
* Final Report *



*** Final Report ***

Operative Report (Verified)

REPORT OF OPERATION

DEPARTMENT: NEUROLOGICAL SURGERY-NS DATE OF OPERATION: December 19, 2017

ATTENDING SURGEON: Vivek Mehta

DICTATED BY: Daniel Richard Kramer, MD

OPERATING SURGEON: Daniel Richard Kramer, MD

PREOPERATIVE DIAGNOSIS: Intractable epilepsy.

POSTOPERATIVE DIAGNOSIS: Intractable epilepsy and stroke.

PROCEDURE PERFORMED: Left-sided selective amygdalohippocampectomy.

ADDITIONAL ATTENDING SURGEON: Jonathan J. Russin, MD

INDICATIONS FOR PROCEDURE: This is a 53-year-old, Spanish speaking, ambidextrous male with a past medical history of intractable epilepsy who underwent EEG at Rancho Los Amigos which showed left-sided seizures. This was consistent with left greater than right mesial temporal sclerosis, as seen on MRI. A WADA was conducted which showed that he was a good candidate for a left-sided resection, and after discussion at epilepsy conference, it was determined that he was a good candidate for a left sided amygdalohippocampectomy. The patient was brought into clinic prior to surgery, and the options of surgery versus no surgery were discussed with him, and the procedure was explained in detail including the risks, benefits and alternatives including, but not limited to, bleeding, infection, visual field deficit, minimal or no improvement in seizure burden or severity, weakness, numbness, stroke, paralysis, heart attack, coma and death. All questions and concerns were addressed. The patient and the sister were both present and agreed to surgery, and the patient signed a consent form and then preoperative evaluation done, and he was deemed a good candidate for surgery.

PROCEDURE: On the date of surgery, the patient was brought into the operating room, and placed under general anesthesia in the usual fashion. A surgical pause was done correctly identifying the patient, procedure, and side. Surgical monitoring of the MEPs and SSEPs was done throughout the case. Surgical navigation was set up prior to surgery. The patient was then prepped and draped in the usual fashion. The patient was placed in the Mayfield holder, and a linear incision was drawn above the root of zygoma about 6 cm above the ear. Following the timeout, this area was injected with 0.5% lidocaine with epinephrine. The skin was opened with a #10 blade. A combination of bipolar and monopolar cautery was used for hemostasis, and dissection was done down to the temporalis fascia and then through the temporalis and down to the bone. This area was then retracted using a curved cerebellar retractor, and the bone was exposed. A perforator drill was used to make a burr hole at the root of zygoma, and a combination of Fukushima and #3 Penfield was used to dissect the dura from underneath the cranium. A craniotome was then used to make a craniectomy. This bone was removed, and a 5 extra coarse diamond was used to drill down to the root of zygoma and far forward and then also posterior in order to make an opening wide enough for dissection. Hemostasis was achieved with a combination of Surgicel and bipolar cautery. The dura was then opened with a 15 blade, and bipolar cautery was used for hemostasis. At this time, the surgical microscope was brought. The temporal lobe was lifted from the temporal floor gently without the use of retractors until



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reaching the ambient cistern. A hole in the arachnoid was made using a micro scissor, allowing the release of CSF fluid and relaxation of the brain. As this relaxation occurred, the temporal lobe was retracted further using a combination of patties and Surgicel with gentle retraction using instruments with no permanent retractor, and the neuro navigation system was then used to confirm, in addition to anatomical navigation, that the collateral sulcus was found. This was then opened sharply using a combination of bipolar and micro scissors to the arachnoid and carefully separated. This was then opened down to the level of the ventricle, which was opened into. Then gentle opening of the ventricle in an anterior and posterior direction was done in order to expose the hippocampus as the hippocampus was exposed from the anteriormost portion of the temporal horn to a posterior portion to the tail, which was safely able to be reached from our opening. This dissection was done with a combination of bipolar, A dissector, and Fukushima. Then a combination of CUSA, Fukushima and A dissector was used for a gentle subpial dissection to remove the hippocampus en bloc. This was done carefully, and the pia was separated from the hippocampus and the parahippocampal structures, taking care to leave the fusiform gyrus in place. The hippocampal artery and vein were identified and bipolarized. The neuro monitoring was used to monitor MEPs and SSEPs throughout the case, which were checked periodically approximately every 20-30 minutes. The hippocampal artery and vein were identified and then dissected, taking care not to take veins or arteries that were en passage. The CUSA was also used for an anterior disconnection at the level where the hippocampus met the uncus notch and posteriorly at the tail as far back as could be reached safely, which was also identified on neuro navigation to be at approximately the level of the aqueduct. Once this was done, the hippocampus was removed en bloc. At this time, a portion of the tail of the hippocampus was then resected using the CUSA, reaching back slightly further approximately 0.5 cm. Our attention was then turned toward the amygdala. The amygdala was removed in a subpial dissection. Once the amygdala was taken out, the MEPs were checked with no changes. However, approximately 15 minutes after that, the SSEPs were stable, but the MEPs were checked again, and at this time, there was a loss of motor evoked potentials on the patient's right side in hand and arm, leg and foot. The blood pressure was then raised, and the stimulation was turned up. However, there were still no motor evoked potentials on the right side. The patient was placed into burst suppression. The area was explored, and it was noted that this time that there was a disruption of the branches of the anterior choroidal artery that was reaching back. There was a disruption of this artery, and it appeared to be clotted. An attempt was made to open the artery by massaging the clot out, and ICG was used after this to verify to see if the artery was open, as it looked pulsatile. It was possible that there was some flow going through, but it was difficult to tell. There was no change in the motor evoked potentials at this time. After that, the area was hemostased using a combination of Surgicel and Gelfoam. The area was irrigated out copiously with LR with bacitracin. Once hemostasis was achieved, and the area was filled with irrigation, a 3 x 3 piece of suturable DuraGen was sutured into the dura which was then closed in a watertight fashion using 4-0 Nurodon and Tiseal was placed over the area. The bone was waxed with bone wax. The bone was replaced using Stryker plating system, and the temporalis was reapproximated using 2-0 Vicryl. The galea was reapproximated using 2-0 Vicryl. The skin was closed using a 3-0 Monocryl, and a combination of bacitracin, gauze and paper tape was used to cover the wounds. Upon closing, the patient was taken out of burst suppression, and then woken up after closing was completed. Upon waking up, it was noted the patient was not moving his right side, but was moving the left side well. After giving him time to wake up further, he was moving his left side without issue and was withdrawing slightly with 2/5 in his lower extremity on the right and no movement was noted in his right upper extremity. He was also noted to have a right-sided facial. The patient was extubated and taken to the ICU for further care with increased blood pressure. Goal of SBP 140-160.

COMPLICATION: Anterior choroidal perforating artery stroke with loss of motor evoked potentials and loss of motor strength on the right side.

BLOOD LOSS: 100.

FLUIDS: As per Anesthesia.

RAINS: None.

DISPOSITION: To the neurosurgical ICU. This was discussed with Dr. Russin and Dr. Mehta, who agreed. While the patient was being closed, Dr. Russin spoke with the family to let them know that the motor evoked potentials had dropped. Then following the surgery and following the patient waking up, the family, the patient's sister, was informed of his weakness and told that this deficit would be permanent. All questions were answered, and it was stated that this was a complication of surgery. The patient's Page 2 of 3

(Continued)



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she understood, and all concerns were addressed. This event was reported to the central reporting agency for our hospital within 24 hours. An MRI was also obtained to confirm the stroke, which was confirmed on postoperative MRI. This was discussed with Dr. Russin and Dr. Mehta, who agreed.

Dictated By: Daniel Richard Kramer, MD

Vivek Mehta.

DRK/MODL

JOB #:



Signature Line

Electronically Signed on 12/28/17 13:45 PST

Kramer, Daniel Richard, MD

Acosta, Frank L., MD.



Neurosurgery Inpatient Progress Note

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postop check:

E3M6V4

sleepy, arousable to verbal stim, oriented 2x

OU 5-3

speech dysarthric, few words

R facial droop, able to close both eyes fully

LUE follows commands

RUE no mvmt to max stim

LLE follows commands

RLE weak antigravity to max stim

surgical incision c/d/i, island dressing in place

Lee/Bonney

Att Mehta

Att Russin

Signature Line

Electronically Signed on 12/21/17 09:03 PST

Lee, Justin C., MD.

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; Main OR Intraop Nursing Record (Verified)

SC Main OR Intraop Nursing Record Summary

Primary Physician: Mehta, Vivek A.
 Case Number: USCOR-2017-18000
 Scheduled Date/Time: 12/19/17 17:14:00
 Patient Name: [REDACTED]
 O.B./Sex: [REDACTED] Male
 Medical Record #: [REDACTED]
 Attending Physician: Lucas, Joshua W.
 Insurance #: [REDACTED]
 Room Type: I
 Room/Bed: 150/A
 Admit/Disch: 12/19/17 04:46:21 -
 Institution:

Safety Checklist 2) Time Out - USC MOR

Pre-Care Text:

A.10 Confirms patient identity A.20 Verifies operative procedure, surgical site, and laterality A.20.1 Verifies consent for planned procedure A.30 Verifies allergies

Entry 1

Final Time Out was conducted based on the DHS Final Time Out Checklist/Standards:	Yes	Comments	N/A
Final Time Out participants ceased activity, confirmed patient, site, procedure, and consents	Yes	Comments	N/A
Time Out Members	Mehta, Vivek A., Lee, Justin C., Lee, Jessica, Sam RN, John, Hunanyan, Arsen, Nguyen, Nancy, Kramer, Daniel Richard	Time Out Time	12/19/17 08:52:00

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side, and level surgery

Surgical Procedures - USC MOR

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality A.20.2 Assesses the risk for unintended retained foreign body Im.20 Performs required counts

Entry 1

Procedure Description	Craniotomy	Procedure Code	CRANIOT LOBECTOMY
Additional Procedure Detail	left temporal lobectomy		OTH/THN TEMPORAL LOBE W/ECOG

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Primary Procedure	Yes	Attending Surgeon of Record	Lucas, Joshua W.
Start	12/19/17 08:52:00	Stop	12/19/17 16:18:00
Anesthesia Type	General	Surgical Service	Neurosurgery (SN)
Room Class	1-Clean		

Post-Care Text:

0.730 The patient's care is consistent with the individualized perioperative plan of care

Case Times - USC MOR

Entry 1

Patient In Room Time	12/19/17 07:27:00	Patient Out Room Time	12/19/17 17:00:00
Procedure Start Time	12/19/17 08:52:00	Procedure Stop Time	12/19/17 16:18:00

Case Attendance - USC MOR

Entry 1

Case Attendee	Mehta, Vivek A.
Role Performed	Surgeon - Attending
Time In	12/19/17 07:27:00
Time Out	12/19/17 17:00:00
Procedure(s)	Craniotomy

Entry 2

Case Attendee	Lee, Justin C.
Role Performed	Surgical Resident
Time In	12/19/17 07:27:00
Time Out	12/19/17 17:00:00
Procedure(s)	Craniotomy

Entry 3

Case Attendee	Lee, Jessica
Role Performed	Anesthesia Resident
Time In	12/19/17 07:24:00
Time Out	12/19/17 17:00:00
Procedure(s)	Craniotomy

Entry 4

Case Attendee	Sam RN, John
Role Performed	Circulator - Primary
Time In	12/19/17 07:27:00
Time Out	12/19/17 17:00:00
Procedure(s)	Craniotomy

Entry 5

Case Attendee	Rosario RN, Judith
Role Performed	Circulator - Relief
Time In	12/19/17 07:35:00
Time Out	12/19/17 07:50:00
Procedure(s)	Craniotomy

Entry 6

Case Attendee	Hunanyan, Arsen
Role Performed	Scrub - Primary
Time In	12/19/17 07:27:00
Time Out	12/19/17 17:00:00
Procedure(s)	Craniotomy

Entry 7

Case Attendee	Kramer, Daniel Richard
Role Performed	Fellow
Time In	12/19/17 07:27:00
Time Out	12/19/17 17:00:00
Procedure(s)	Craniotomy

Entry 8

Case Attendee	Nguyen, Nancy
Role Performed	Other Authorized Personnel
Time In	12/19/17 07:27:00
Time Out	12/19/17 17:00:00
Procedure(s)	Craniotomy

Entry 9

Case Attendee	Seidner RN, Jessica
Role Performed	Scrub - Relief
Time In	12/19/17 11:45:00
Time Out	12/19/17 12:30:00
Procedure(s)	Craniotomy

Entry 10

Case Attendee	Seidner RN, Jessica
Role Performed	Circulator - Relief
Time In	12/19/17 12:30:00
Time Out	12/19/17 13:00:00
Procedure(s)	Craniotomy

Entry 11

Case Attendee	Russin, Jonathan J.
Role Performed	Surgeon - Co-Attending
Time In	12/19/17 11:47:00
Time Out	12/19/17 12:43:00
Procedure(s)	Craniotomy

Entry 12

Case Attendee	Zelman, Vladimir
Role Performed	Anesthesiologist - Attending
Time In	12/19/17 07:24:00
Time Out	12/19/17 14:49:00
Procedure(s)	Craniotomy, Craniotomy

Entry 13

Case Attendee	Seidner RN, Jessica
Role Performed	Scrub - Relief
Time In	12/19/17 14:00:00
Time Out	12/19/17 14:24:00
Procedure(s)	Craniotomy

Entry 14

Case Attendee	Seidner RN, Jessica
Role Performed	Circulator - Relief
Time In	12/19/17 14:25:00
Time Out	12/19/17 14:45:00
Procedure(s)	Craniotomy

Entry 15

Case Attendee	Park, Ellen Jiwon
Role Performed	Anesthesiologist - Attending
Time In	12/19/17 14:50:00
Time Out	12/19/17 17:00:00
Procedure(s)	Craniotomy

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	Entry 16	Entry 17
Use Attendee	Seidner RN, Jessica	Russin, Jonathan J.
Role Performed	Scrub - Relief	Surgeon - Co-Attending
Time In	12/19/17 15:20:00	12/19/17 14:00:00
Time Out	12/19/17 17:00:00	12/19/17 15:14:00
Procedure(s)	Craniotomy	Craniotomy

Catheter, Drains, Tub - USC MOR

Pre-Care Text:

A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance
 Im.250 Administers care to invasive device sites

Entry 1

Device Description	CATHETER URETHRAL BARD BARDEX IC BACTI-GUARD HYDROGEL NATURAL RUBBER OD14 FR 5 CC 2 WAY FOLEY BALLOON ATRAUMATIC INSERTION STERILE LATEX DISPOSABLE	Device Type	Indwelling
Location	Bladder	Balloon Inflation Amount	10ml
Present on Arrival?	No	Inserted By	Rosario RN, Judith
Drained at End of Case?	No		
Drainage Details			
Drainage?	Yes	Amount	Measured in Milliliters (mL)
Color	Yellow	Drainage System	Dependent drainage bag
Intake Met (0.60)	Yes		

Post-Care Text:

E.340 Evaluates tubes and drains are intact and functioning as planned 0.60 Patient is free from signs and symptoms of injury caused by extraneous objects

Counts Verification - USC MOR

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality A.20.2 Assesses the risk for unintended retained foreign body Im.20 Performs required counts

Entry 1

Procedure	Craniotomy		
Initial Counts			
Performed By	Sam RN, John, Hunanyan, Arsen	Items included in the Initial Count	Sponges, Sharps
Wivity Count			
Closing Counts			
Closing Counts	Sam RN, John, Seidner RN, Jessica	Items included in the Closing Count	Sponges, Sharps
Performed By			
Final Counts			
Final Count Status	Incorrect	Did you use Radio Frequency Wandering for this case?	No
Final Counts	Seidner RN, Jessica, Sam RN, John	Items Included in Final Count	Sponges, Sharps
Performed By			
Intake Met (0.20)	No		

Post-Care Text:

E.50 Evaluates results of the surgical count 0.20 Patient is free from unintended retained foreign objects

Counts Actions Taken - USC MOR

Entry 1

(Continued)

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Surgeon Notified	Yes	X-Ray of Surgical Site Obtained?	Yes
X-Ray Result?	Negative	Read by Radiologist/Attending Surgeon:	Balakrishnan, Sudheer

General Comments:
 DR. KRAMER SPOKE TO RADIOLOGY REGARDING NEGATIVE RESULTS.

Patient Positioning - USC MOR

Pre-Care Text:
 A.240 Assesses baseline skin condition A.280 Identifies baseline musculoskeletal status A.280.1 Identifies physical alterations that require additional precautions for procedure-specific positioning A.510.8 Maintains patient's dignity and privacy Im.120 Implements protective measures to prevent skin/tissue injury due to mechanical sources Im.40 Positions the patient Im.80 Applies safety devices

Entry 1

Procedure	Craniotomy	Body Position	Supine
Left Arm Position	Tucked and padded at side	Right Arm Position	Tucked and padded at side
Left Leg Position	Extended	Right Leg Position	Extended
Feet Uncrossed?	Yes	Pressure Points Checked	Yes
Positioning Device	Head Protector, Elbow Protector, Strap - Safety, Table - Standard	Positioned By	Lee, Justin C., Sam RN, John, Rosario RN, Judith, Lee, Jessica
Safety Strap Applied?	Yes	Location	Chest
Outcome Met (0.80)	Yes		

Post-Care Text:
 E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.290 Evaluates musculoskeletal status 0.80 Patient is free from signs and symptoms of injury related to positioning

Assessment of Body - USC MOR

Entry 1

Site/Time Checked 12/19/17 11:23:00
 Site Arm, left, Arm, right, Torso, Leg, left, Leg, right

Entry 2

12/19/17 14:30:00
 Arm, left, Arm, right, Torso, Leg, left, Leg, right

General Comments:
 BUE AND BLE WARM TO TOUCH WITH PULSES PAPPABLE, BODY IN CORRECT SURGICAL POSITION AND ALIGNMENT.

Skin Prep - USC MOR

Pre-Care Text:
 A.30 Verifies allergies A.20 Verifies procedure, surgical site, and laterality A.510.8 Maintains patient's dignity and privacy Im.270 Performs Skin Preparation Im.270.1 Implements protective measures to prevent skin and tissue injury due to chemical sources A.300.1 Protects from cross-contamination

Entry 1

Skin Prep		Prep By	Lee, Justin C.
Prep Agents (Im.270)	Iodine Povacrylex and Isopropyl Alcohol	Prep Area Details	Left
Prep Area (Im.270)	Head		
Skin Prep Agent Dry Without Pooling	Yes		
Hair Removal		Hair Removal By	Lee, Justin C.
Hair Removal Methods	Clipper	Hair Removal Site	Left
Hair Removal Site	Head	Hair Removal Site Details	
Outcome Met (0.100)	Yes		

Post-Care Text:

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E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.100 Patient is free from signs and symptoms of chemical injury

eneral Case Data - USC MOR

re-Care Text:

A.350.1 Classifies surgical wound
 Entry 1

use Information

OR	USC OR 07	Case Level	5
ound Class	1-Clean	Specialty	Neurosurgery (SN)
SA Class	3		
reop Diagnosis	Epilepsy, unspecified		

st-Care Text:

O.760 Patient receives consistent and comparable care regardless of the setting

mpplant Log - USC MOR

re-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality A.20.1 Verifies consent for planned procedure
 Im.350 Records implants inserted during the operative or invasive procedure

	Entry 1	Entry 2	Entry 3
plant/Explant	Implant	Implant	Implant
plant			
entification			
escription	GRAFT SOFT TISSUE 3X3IN DURAGEN CRANIUM BOVINE COLLAGEN MATRIX PATCH RESORBABLE	COVER BURR HOLE MEDPOR TITANIUM LOW PROFILE OD7 MM TAB STERILE	PLATE BONE UNIVERSAL NEURO III SMALL BOX LOW PROFILE CRANIOMAXILLOFACIAL 2 X 2 HOLE 1.5 MM SCREW
ize	3X3		
erial Number			
ot Number	1172609		
anufacturer	INTEGRA LIFE SCIENCES	STRYKER ORTHOPAEDICS	STRYKER
atalog #	DURS3391	5334507	53-34228
Expiration Date	07/31/19		
age Data			
plant Site	Scalp	Scalp	Scalp
elect Left or	Left	Left	Left
ight when			
pplicable:			
uantity	1	1	1
utcome Met (O.30)	Yes	Yes	Yes
	Entry 4	Entry 5	
plant/Explant	Implant	Implant	
plant			
entification			
escription	PLATE BONE UNIVERSAL NEURO III DOG LOW PROFILE L16 MM CRANIOMAXILLOFACIAL 2 HOLE BAR 1.5 MM SCREW	SCREW BONE UN3 L4 MM OD1.5 MM CRANIOMAXILLOFACIAL SELF DRILL	
ize			
erial Number			
ot Number			
anufacturer	STRYKER	STRYKER	
atalog #	53-34216	56-15904	
Expiration Date			
age Data			
plant Site	Scalp	Scalp	
elect Left or	Left	Left	
ight when			

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pplicable:

Quantity	1	8
Outcome Met (0.30)	Yes	Yes

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side and level surgery O.30 Patient's procedure is performed on the correct site, side, and level

Medication Administration - USC MOR

Pre-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.10 Patient is free from

	Entry 1	Entry 2	Entry 3
Medication Administered	BACITRACIN 50,000 UNITS IN 1 LITER LACTATED RINGERS (LR)	LIDOCAINE 1% WITH EPINEPHRINE 1:200,000	THROMBIN TOPICAL 20,000 UNITS
Route of Admin	Topical	Subcutaneous	Topical
Dose	6	1	
Volume	50000 units	10 mL	20000 units
Administered By	Lee, Justin C.	Lee, Justin C.	Lee, Justin C.
Outcome Met (0.130)	Yes	Yes	Yes

Entry 4

Medication Administered	FIBRIN SEALANT TISSEEL, 4 ML VAPOR HEATED, SOLVENT/DETERGENT TREATED, KIT
Route of Admin	Topical
Dose	
Volume	
Administered By	Kramer, Daniel Richard
Outcome Met (0.130)	Yes

Post-Care Text:

E.20 Evaluates response to medications O.130 Patient receives appropriately administered medication(s)

Patient Care Devices - USC MOR

Pre-Care Text:

A.200 Assesses risk for normothermia regulation A.40 Verifies presence of prosthetics or corrective devices
 Im.280 Implements thermoregulation measures Im.60 Uses supplies and equipment within safe parameters

	Entry 1	Entry 2	Entry 3
Equipment Type	MICROSCOPE PENTERO *USC	NAVIGATION MACHINE WITH MONITOR *USC	C-USA - INTEGRA *USC
Serial Number	6631420991	N06116078	HFB14027021E
Settings (if applicable)			
Lead Number (if applicable)			
Site Sterilized			
Comments			
Outcome Met (0.700)	Yes	Yes	Yes

Entry 4

Equipment Type	TABLE CMAX *USC
Serial Number	C43037024
Settings (if applicable)	
Lead Number (if applicable)	

Entry 5

Equipment Type	WARMER BAIR HUGGER *USC
Serial Number	29701
Settings (if applicable)	43C LOWER

Entry 6

Equipment Type	PUMP, ALP 501 COMPRESSION *USC
Serial Number	28869
Settings (if applicable)	BLE

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Applicable)
 Site Sterilized
 Comments

Outcome Met (0.700)	Yes	Yes	Yes
---------------------	-----	-----	-----

Post-Care Text:

E.10 Evaluates signs and symptoms of physical injury to skin and tissue 0.700 Patient is free from signs and symptoms of injury caused by extraneous objects

Autery - USC MOR

Pre-Care Text:

A.240 Assesses baseline skin condition A280.1 Identifies baseline musculoskeletal status Im.50 Implements protective measures to prevent injury due to electrical sources Im.60 Uses supplies and equipment within safe parameters Im.80 Applies safety devices

Entry 1

CU Type	Electrosurgical Unit	Identification Number	F1F18042A
CU Settings			
Bipolar Setting	35	Coag Setting	35
Cut Setting	35		
Grounding Pad			
Attails			
Grounding Pad	Yes	Grounding Pad Lot Number	72210153X EXP 2019-08-23
Isolated?		Grounding Pad Site	Thigh
Within Expiration	Yes		
Date?		Hair Removed Under	No
Grounding Pad Site	Right	Grounding Pad	
Detail		Verified By	Sam RN, John
Skin Condition	Intact		
Under Grounding Pad		Outcome Met (0.10)	Yes
Smoke Evacuation	No		
Device Used			

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue 0.10 Patient is free from signs and symptoms of injury related to thermal sources

Cultures and Specimen - USC MOR

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality Im.320 Manages culture specimen collection Im.330 Manages specimen handling and disposition

Entry 1

Cultures Ordered	No	Specimens Ordered	Yes
Outcome Met (0.40)	Yes		

Post-Care Text:

E.40 Evaluates correct processes have been performed for specimen handling and disposition 0.40 Patient's specimen(s) is managed in the appropriate manner

General Comments:

ROUTINE: LEFT HIPPOCAMPUS (PARTIAL HIPPOCAMPUS SENT FOR STUDY)

Dressing/Packing - USC MOR

Pre-Care Text:

A.350 Assesses susceptibility for infection Im.250 Administers care to invasive devices Im.290 Administer care to wound sites Im.300 Implements aseptic technique

Entry 1

Antibiotic Prep Agent	NA
Removed Prior to Dressing?	
Dressing Item	
Attails	
Dressing Item	Other: See comments
(Im.290)	

Typed by:
 Typed on:

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Site	Scalp	Site Details	Left
Outcome Met (0.200)	Yes		

Post-Care Text:

E.320 Evaluate factors associated with increased risk for postoperative infection at the completion of the procedure O.200 Patient's wound perfusion is consistent with or improved from baseline levels

General Comments:

ABX OINT AND ISLAND DRESSING PLACED AT INCISION SITE.

Communication - USC MOR

Entry 1

Communication	Patient Flow/Bed Control	Communication By	Sam RN, John
Site and Time	12/19/17 09:20:00		

General Comments:

POST OP ICU BED 4C150

Skin Assessment - USC MOR

Pre-Care Text:

A.240 Assesses baseline skin condition Im.120 Implements protective measures to prevent skin or tissue injury due to mechanical sources Im.280.1 Implements protective measures to prevent skin or tissue injury due to thermal sources Im.360 Monitors for signs and symptoms of infection

Entry 1

Skin Integrity	Intact	Outcome Met (0.60)	Yes
----------------	--------	--------------------	-----

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.270 Evaluate tissue perfusion O.60 Patient is free from signs and symptoms of injury caused by extraneous objects

Safety Checklist 3) Sign Out - USC MOR

Pre-Care Text:

Im.330 Manages specimen handling and disposition

Entry 1

Nurse verbally confirms with team the name of the operative procedure(s) and correct CPT code	Yes	Nurse verbally confirms with team specimen identity and label	Yes
Nurse verbally confirms with team if equipment problems to be addressed	NA	The nurse confirmed with the surgeon and the incision is:	Left Open
Are the instrument, sponge, and needle counts correct?	No	All team members review key concerns for recovery and management of patient	Yes
Is this case a trauma case?	No	Was this an endoscopic case?	No
Is an implant used or this case?	Yes		

Post-Care Text:

E.800 Ensures continuity of care E.50 Evaluates results of the surgical count

Departure from OR - USC MOR

Entry 1

Patient Handoff
 Status
 Transfer Evaluation

Drowsy

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Assessment	ESU Pad Site Checked, Warm Blanket Applied, Pressure Areas Checked, Sterile Dressing Intact Extubated	Skin Condition	Warm, Dry
Patient Handoff		Oxygen in Use?	Yes
Status		Airway Device	Nasal Cannulae or Mask
Flow Rate	6 L/min	Post-op Destination	ICU
Patient IV Access	Yes		
Patient			
Discharge	Bed		
Report Given By	Sam RN, John	Time	12/19/17 17:00:00
		Discharged/Transferred	

General Comments:

REPORT GIVEN TO ICU RN DEBBIE WITH ALL QUESTIONS ANSWERED.

Base Comments

<None>

Finalized By: Sam RN, John

Document Signatures

Signed By:

Sam RN, John 12/19/17 17:13

Exhibit 42

Intraoperative Note
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*** Final Report ***

Procedure Date: 1/6/2017

Study #: LAC 17-004

Referring Physician: Martin Pham, M.D.

Technician: MV

OR#: 7

Patient History: 59 yo F with hx of recurrent stage IV papillary serous ovarian cancer status post hysterectomy and BSO 2007, with recurrence in 2014 s/p chemotherapy. s/p right craniotomy for stealth guided biopsy and resection of R basal ganglia on 4/28/16 s/p gamma knife in May 2016 presenting with worsening headaches and left sided weakness 2/2 to interval growth and edema of R BG mass

Surgical Procedure: Right craniotomy for tumor resection

MONITORING MODALITIES:

SSEPs (somatosensory evoked potentials) and TcMEPs (transcranial motor evoked potentials).

RESULTS:

During the procedure the aforementioned modalities were continuously monitored.

The surgeon was informed at baseline that the patient's potentials amplitudes were adequate for monitoring bilaterally. Post resection the left upper and lower extremity motor evoked potentials were severely decreased in amplitude. 3.5 hours were spent monitoring, and the surgeons were kept informed of the monitoring status and any significant changes.

IMPRESSION:

Somatosensory evoked potentials and Transcranial Motor evoked potentials were continuously monitored during surgery. Post resection left upper and lower extremity motor evoked potentials were approx. 90% decreased from baseline and did not recover at closing.

Please see comment.

COMMENT: The changes seen in the left upper and lower extremity motor evoked potentials during tumor resection suggest that an interruption of this pathway occurred. Clinical correlation is strongly advised.

Further monitoring data is available by contacting the Intraoperative Neurophysiological Monitoring department

Signature Line

Electronically Signed on 01/06/17 15:25 PST

Vesely, Michael

Operative Report
 * Final Report *



The skin was sharply opened with a 10 blade and monopolar electrocautery was used to carry the dissection down to the skull. This was subsequently reflected forward. The prior craniotomy site was identified and the prior Stryker plating system was removed. The bone flap was then subsequent carefully removed from the prior dural scar and saved. The dural opening was subsequently identified and re-opened. What appeared to be the prior surgical corridor covered with arachnoid and encephalomalacic scar was identified. This was confirmed on the Stealth navigation system as the prior X corridor. With the use of the Stealth navigation system, this prior corridor was re-opened with bipolar forceps and suction. The metastasis was subsequently identified at the floor of the surgical corridor. A combination of bipolar forceps, bipolar electrocautery, and the CUSA was used to fully resect what could be seen of the metastasis. Motors were checked about roughly 80% of how we felt the resection was completed and at that time, the motors were normal as compared to preoperatively. Upon continued resection, there was noted to be significant decrease in motor signals with a decline of roughly 80% to 90%. At this point, it was felt that the surgery had progressed near enough to either the internal capsule or the projections of the motor cortex and so the decision was made to halt resection at that time in case there had been some iatrogenic injury to her motor function. Meticulous hemostasis and irrigation was subsequently achieved. A monolayer of Surgicel was placed within the resection cavity. The dura was then reapproximated with interrupted 4-0 Nurodon and the epidural space was again irrigated and meticulously hemostased. DuraGen was cut to size, laid over the durotomy. The bone was then plated back with a Stryker plating system. The field was again irrigated and meticulous hemostased. The galeal layers were then reapproximated using inverted interrupted 2-0 Vicryl sutures. The skin edges were then reapproximated with 4-0 Monocryl stitch. The incision was dressed with antibiotic ointment. Drapes were then taken down. The patient's head was removed from the Mayfield skull clamp. She was then extubated and taken to the intensive care unit for further monitoring and care. All sponge and needle counts were correct at the end of the procedure. Again, neurophysiologic monitoring using SSEP was stable; however, as noted within the intraoperative report, MEPs were significantly down on the left body, roughly 80% to 90% at the conclusion of the operation.

The patient's condition otherwise at the conclusion of the operation was stable.

Dictated By: Martin Huy Pham

Gene Y Sung, MD

MHP/MODL

JOB #:



Signature Line

Electronically Signed on 04/13/17 14:20 PDT

Pham, Martin Huy, MD

Electronically Signed on 02/07/17 06:46 PST

Sung, Gene Y., MD

Neurosurgery Inpatient Progress Note

* Final Report *



acetaminophen-HYDROcodone 325 mg-10 mg Tab 1 tabs, Oral, Q6H-INT
acetaminophen-HYDROcodone 325 mg-5 mg Tab 1 tabs, Oral, Q6H-INT
dextrose 50% INJ Syringe 50 mL 25 mL, IV Push, Q15MIN-INT
dextrose 50% INJ Syringe 50 mL 50 mL, IV Push, Q15MIN-INT
glucagon 1 mg INJ PWVL 1 mg, Intramuscular, Q15MIN-INT
hydrALAZINE 20 mg/mL INJ 1 mL 10 mg 0.5 mL, IV Push, Q10MIN-INT
labetalol 5 mg/mL INJ Syringe 4 mL 10 mg 2 mL, IV Push, Q10MIN-INT
morphine 4 mg/1 mL INJ Syringe 2 mg 0.5 mL, IV Push, Q2H-INT
ondansetron 2 mg/mL INJ 2 mL 4 mg 2 mL, IV Push, Q6H-INT
senna 8.6 mg Tab 17.2 mg 2 tabs, Oral, ONCE

Physical exam:

E4M6V5, c/o of moderate pain
A&Ox4, NAD, sleeping in bed comfortably, breathing room air.
ECMI, PERRL

LUE and LLE no movement

RUE and LLE moves to commands
Wound c/d/i

External DHS Workforce

Options ▾ Connect USB Device ▾ Send Ctrl-Alt-Delete

DOB: [REDACTED] Age: 60 years Code Status: N/A MRN: [REDACTED]
Hold Status: N/A Sex: Female Dosing Wt: 76.700 kg (01/03/2017) FIN: [REDACTED]
Care Team: <No Primary Contact> Isolation: N/A Loc3C: 124; A

rgies: No Known Medication Allergies

Documentation

Full screen Print 0 minutes ago

Add ▾ Sign Forward Provider Letter Modify In Error Preview

List

Display: coding summary Previous Note Next Note

Arranged By: Date Newest At ...

Coding Summary	3/30/2017 23:59...
Coding Summary	
Coding Summary	3/23/2017 23:59...
Coding Summary	
Coding Summary	3/20/2017 16:30...
Coding Summary	
Coding Summary	3/3/2017 18:41:0...
Coding Summary	
Coding Summary	12/31/2016 02:4...
Coding Summary	
Coding Summary	12/25/2016 23:1...
Coding Summary	
Coding Summary	11/23/2016 22:0...
Coding Summary	
Coding Summary	6/6/2016 18:32:0...
Coding Summary	
Coding Summary	5/4/2016 15:43:0...
Coding Summary	

<< Previous Next >>

*** Final Report ***

CODING DATE: 03/28/2017 FINAL
LAC+USC Medical Center

DSCH STATUS:
Long Term Care Facility-Acute Inpatient

PAYOR:
DHS Medi-Cal Managed Care - FA

Group:
025 MS-DRG Craniotomy & endovascular intracranial procedures w
MCC
Low Trim 0
High Trim 999

External DHS Workforce

Options ▾ Connect USB Device ▾ Send Ctrl-Alt-Delete

DOB: [REDACTED] Code Status: N/A MRN: [REDACTED]
 Hold Status: N/A Dosing Wt: 76.700 kg (01/03/2017) FIN: [REDACTED]
 Care Team: <No Primary Contact> Isolation: N/A Loc: 124, A

Regies: No Known Medication Allergies

Full screen Print 3 minutes ago

+ Add Document Medication by Hx Reconciliation ▾ Check Interactions External Rx History ▾ No Check ▾

Reconciliation Status
 ✓ Meds History Admission ✓ Discharge

Orders Medication List Document In Plan

View

Medical
 Discharge Orders
 Suggested Plans (0)
 Orders
 Admit/Transfer/I
 Patient Care
 Restraints/Hold St
 Activity
 Diet/Nutrition
 Fluids/Continuou
 Medications
 Laboratory
 Radiology
 Card/Vasc/Neuro
 Respiratory
 Therapies
 Consults/Referra

Diagnoses & Problems
 Related Results

Displayed: All Active Orders | All Inactive Orders | All Orders (All Statuses) Show More Orders

	Order Name	Status	Dose ...	Details	Ord...	Ordering Physician
Procedures	Communication Order	Discontinued		01/06/17 15:54:00 PST, If pat...		Chang, Ki-Eun
Inactive						
	95939 Central Motor Evoked Potential (MEP) St...	Completed		01/06/17 15:27:00 PST		Gonzalez, Andres A.
	95938 Short-Latency Somatosensory Evoked Po...	Completed		01/06/17 15:27:00 PST		Gonzalez, Andres A.
	95940- Continuous IONM (personal)	Completed		01/06/17 15:27:00 PST, Q15...		Gonzalez, Andres A.
Special						
Active						
	Request Admit to ICU	Ordered		01/03/17 4:13:40 PST		SYSTEM, SYSTEM Cerner
Inactive						
	Fall Risk Protocol (Fall Precautions)	Discontinued		01/03/17 19:09:00 PST, Cons...		Ramirez, Lucas
Non Categorized						
Active						
	Equipment	Ordered		01/10/17 10:32:00 PST, Medi...		Sung, Gene Y.
	Equipment	Ordered		01/03/17 14:28:00 PST, Medi...		Sung, Gene Y.

Details

Dx Table Orders For Cosignature Orders For Nurse Review Orders For Signature

Document3 - Microsoft Word (Product Activation Failed)

External DHS Workforce

Options ▾ Connect USB Device ▾ Send Ctrl-Alt-Delete

Order Information for: 95940- Continuous IONM

Task View Help

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department
95940- Continuous IONM (personal)

Details Additional Info History Comments Validation Results Ingredients Pharmacy

Details

Requested Start Date/Time	01/06/2017 15:27 PST
Completed by Nurse?	No
Frequency	Q15MIN-INT
Duration	4
Duration Unit	hr

Welcome to Cer... PowerChart Oigs...

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Order Information for: 95940- Continuous IONM

Task View Help

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department
95940- Continuous IONM (personal)

Details Additional Info History Comments Validation Results Ingredients Pharmacy

Ordered As	95940- Continuous IONM (personal)
Start Date/Time	01/06/2017 15:27 PST
Stop Date/Time	01/06/2017 19:29 PST
Frequency	Q15MIN-INT
	01/06/2017 16:00 PST
	01/06/2017 16:15 PST
	01/06/2017 16:30 PST
	01/06/2017 16:45 PST
	01/06/2017 17:00 PST
	01/06/2017 17:15 PST
	01/06/2017 17:30 PST
	01/06/2017 17:45 PST
	01/06/2017 18:00 PST
	01/06/2017 18:15 PST

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Order Information for: 95940- Continuous IONM

Task View Help

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department
95940- Continuous IONM (personal)

Details	Additional Info	History	Comments	Validation	Results	Ingredients	Pharmacy
		01/06/2017 16:30 PST					
		01/06/2017 16:45 PST					
		01/06/2017 17:00 PST					
		01/06/2017 17:15 PST					
		01/06/2017 17:30 PST					
		01/06/2017 17:45 PST					
		01/06/2017 18:00 PST					
		01/06/2017 18:15 PST					
		01/06/2017 18:30 PST					
		01/06/2017 18:45 PST					
		01/06/2017 19:00 PST					
		01/06/2017 19:15 PST					
Order ID	1280187461						
Department Status	Completed						

Welcome to Cern... PowerChart Orgs...

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External DHS Workforce

Options ▾ Connect USB Device ▾ Send Ctrl-Alt-Delete

Order Information for: 95940- Continuous IONM

Task View Options Help

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department
95940- Continuous IONM (personal)

Details Additional Info **History** Comments Validation Results Ingredients Pharmacy

Status Change 01/06/2017 19:31 PST
Order 01/06/2017 15:28 PST

Status Change 01/06/2017 19:31 PST
Entered and electronically signed by SYSTEM, SYSTEM Cerner on 01/06/2017 at 19:31 PST.
Ordered by Gonzalez, Andres A.

Status	After	Before
Order Status	Completed	Ordered
Department Status	Completed	Ordered

Details

Order 01/06/2017 15:28 PST
Entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.

Status

Order Status	Ordered
Department Status	Ordered

Details

Requested Start Date/Time	01/06/2017 15:27 PST
Completed by Nurse?	No

Welcome to Cerner... PowerChart Orig...

Document3 - Microsoft Word (Product Activation Failed)

External DHS Workforce

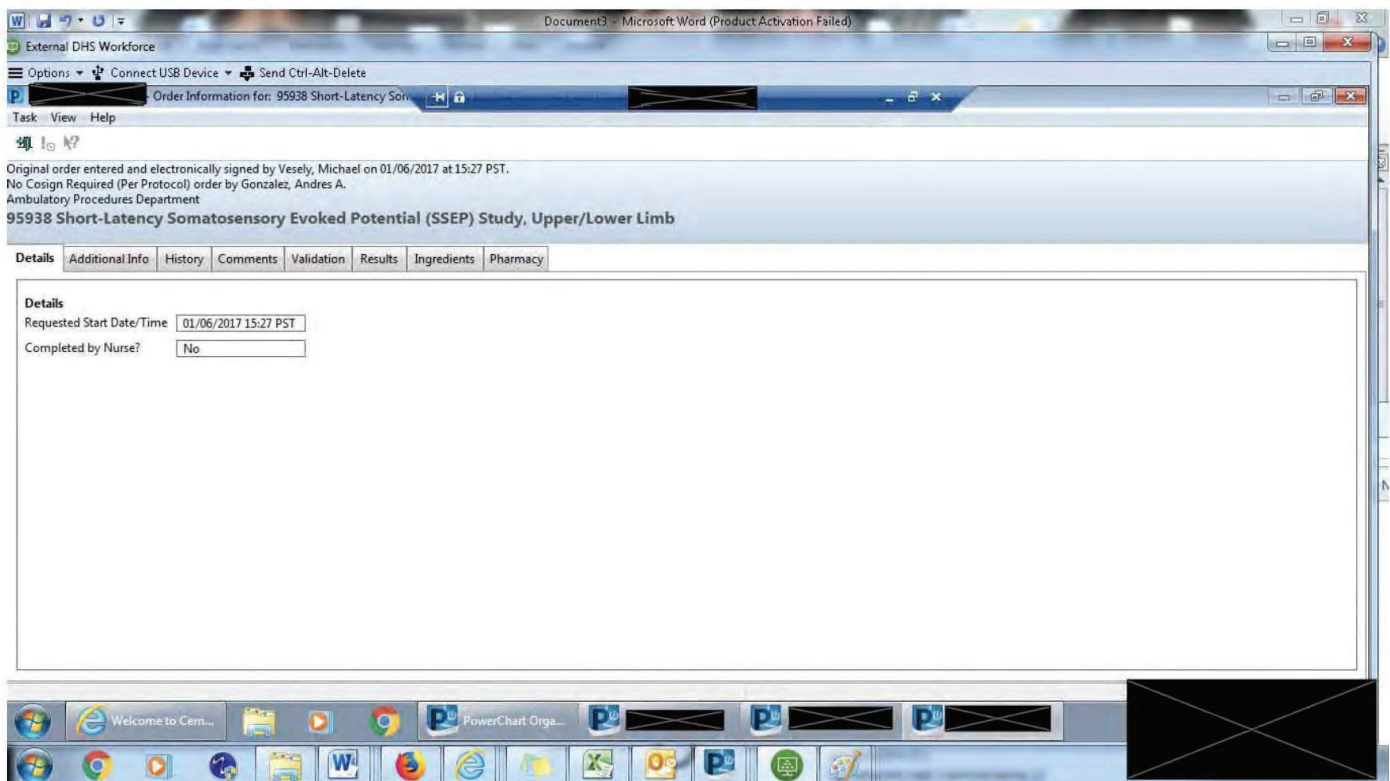
Options ▾ Connect USB Device ▾ Send Ctrl-Alt-Delete

Order Information for: 95940- Continuous IONM

Task View Options Help

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department
95940- Continuous IONM (personal)

Details	Additional Info	History	Comments	Validation	Results	Ingredients	Pharmacy
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Document3 - Microsoft Word (Product Activation Failed)

External DHS Workforce

Options ▾ Connect USB Device ▾ Send Ctrl-Alt-Delete

Order Information for: 95938 Short-Latency Somatosensory Evoked Potential (SSEP) Study, Upper/Lower Limb

Task View Help

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department

95938 Short-Latency Somatosensory Evoked Potential (SSEP) Study, Upper/Lower Limb

Details Additional Info History Comments Validation Results Ingredients Pharmacy

Ordered As	95938 Short-Latency Somatosensory Evoked Potential (SSEP) Study, Upper/Lower Limb
Start Date/Time	01/06/2017 15:27 PST
Stop Date/Time	01/06/2017 15:27 PST
Order ID	1280188323
Department Status	Completed

Welcome to Cer... PowerChart Oligo...

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Options Connect USB Device Send Ctrl-Alt-Delete

Order Information for: 95938 Short-Latency Somatosensory Evoked Potential (SSEP) Study, Upper/Lower Limb

Task View Options Help

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department

95938 Short-Latency Somatosensory Evoked Potential (SSEP) Study, Upper/Lower Limb

Details Additional Info History Comments Validation Results Ingredients Pharmacy

Order 01/06/2017 15:28 PST

Order 01/06/2017 15:28 PST
Entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.

Status

Order Status	Completed
Department Status	Completed

Details

Requested Start Date/Time	01/06/2017 15:27 PST
Completed by Nurse?	No

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Order Information for: 95939 Central Motor Evoked Potential (MEP) Study (TMS), Upper/Lower Limb

Task View Help

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department

95939 Central Motor Evoked Potential (MEP) Study (TMS), Upper/Lower Limb

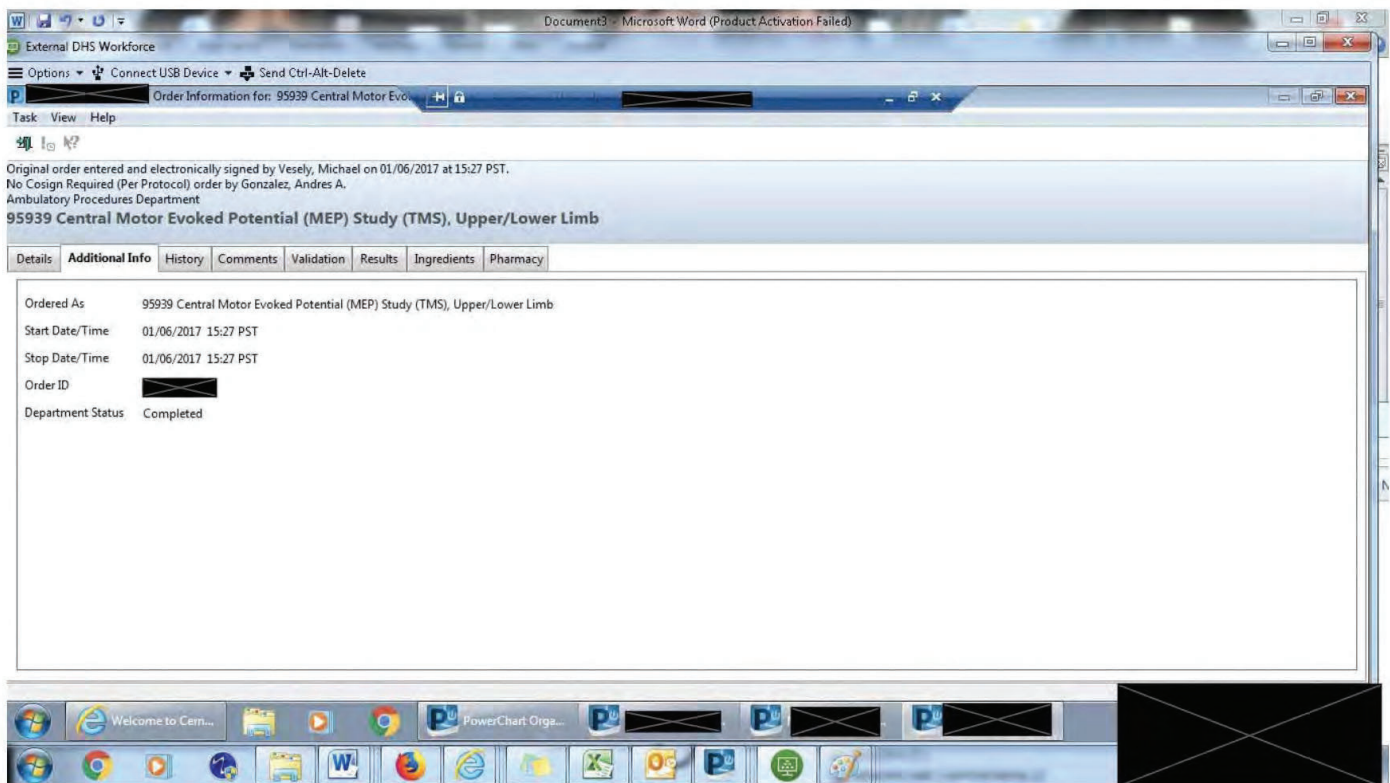
Details Additional Info History Comments Validation Results Ingredients Pharmacy

Details

Requested Start Date/Time

Completed by Nurse?

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External DHS Workforce

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Task View Options Help

Order Information for: 95939 Central Motor Evoked Potential (MEP) Study (TMS), Upper/Lower Limb

Original order entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.
Ambulatory Procedures Department

95939 Central Motor Evoked Potential (MEP) Study (TMS), Upper/Lower Limb

Details Additional Info **History** Comments Validation Results Ingredients Pharmacy

Order 01/06/2017 15:28 PST

Order 01/06/2017 15:28 PST
Entered and electronically signed by Vesely, Michael on 01/06/2017 at 15:27 PST.
No Cosign Required (Per Protocol) order by Gonzalez, Andres A.

Status

Order Status	<input type="text" value="Completed"/>
Department Status	<input type="text" value="Completed"/>

Details

Requested Start Date/Time	<input type="text" value="01/06/2017 15:27 PST"/>
Completed by Nurse?	<input type="text" value="No"/>

1 AG
M

Intraoperative Note

* Final Report *

*** Final Report ***

Procedure Date: 1/6/2017

Referring Physician: Martin Pham, M.D.

OR#: 7

Study #: LAC 17-004

Technician: MV

Patient History: 59 yo F with hx of recurrent stage IV papillary serous ovarian cancer status post hysterectomy and BSO 2007, with recurrence in 2014 s/p chemotherapy. s/p right craniotomy for stealth guided biopsy and resection of R basal ganglia on 4/28/16 s/p gamma knife in May 2016 presenting with worsening headaches and left sided weakness 2/2 to interval growth and edema of R BG mass

Surgical Procedure: Right craniotomy for tumor resection

MONITORING MODALITIES:

SSEPs (somatosensory evoked potentials) and TcMEPs (transcranial motor evoked potentials).

RESULTS:

During the procedure the aforementioned modalities were continuously monitored.

The surgeon was informed at baseline that the patient's potentials amplitudes were adequate for monitoring bilaterally. Post resection the left upper and lower extremity motor evoked potentials were severely decreased in amplitude. 3.5 hours were spent monitoring, and the surgeons were kept informed of the monitoring status and any significant changes.

IMPRESSION:

Somatosensory evoked potentials and Transcranial Motor evoked potentials were continuously monitored during surgery. Post resection left upper and lower extremity motor evoked potentials were approx. 90% decreased from baseline and did not recover at closing.

Please see comment.

COMMENT: The changes seen in the left upper and lower extremity motor evoked potentials during tumor resection suggest that an interruption of this pathway occurred. Clinical correlation is strongly advised.

Further monitoring data is available by contacting the Intraoperative Neurophysiological Monitoring department

Signature Line

Electronically Signed on 01/06/17 15:25 PST

Vesely, Michael

Intraoperative Note
* Final Report *



Operative Report
* Final Report *



*** Final Report ***

Operative Report
REPORT OF OPERATION

DEPARTMENT: NEUROLOGY-PY DATE OF OPERATION: January 06, 2017

ATTENDING SURGEON: Gene Y Sung, MD

DICTATED BY: Martin Huy Pham

OPERATING SURGEON: Martin Huy Pham

ASSISTANT(S): Ki Chang, MD.

PREOPERATIVE DIAGNOSIS: Recurrent right-sided frontal ovarian metastasis.

POSTOPERATIVE DIAGNOSIS: Recurrent right-sided frontal ovarian metastasis.

PROCEDURE PERFORMED: Redo right-sided craniotomy for resection of metastasis.

ANESTHESIA: General.

COMPLICATIONS: None.

MONITORING: Neurophysiologic monitoring with SSEP and MEP.

IMPLANTS USED: Stryker plating system.

INDICATIONS FOR PROCEDURE: This is a 59-year-old female with a known history of metastatic ovarian cancer. She had a history of a prior right-sided craniotomy for resection of a right-sided ovarian metastasis earlier this year around April of 2016. Over time it was shown that the residual from her prior resection cavity had progressed causing a significant amount of edema. Therefore, she was offered re-resection of this residual metastasis. The risks, benefits, alternatives associated with the surgery were discussed in detail with the patient. The risks included, but were not limited, to infection, bleeding, brain injury, hemiparesis, stroke, and coma. Specifically to this operation, due to the location of the metastasis near both the internal capsule as well as the corona radiata of the motor cortex, she and her family also understood the very real possibility of postoperative hemiparesis or hemiplegia due to the location of the tumor. Medical complications included heart attack, stroke, DVT, PE, pneumonia, possibly death. Despite the risks of the surgery, she wished to and consented to proceed with operative intervention.

PROCEDURE: The patient was brought back to the operating room. She underwent endotracheal intubation with induction of general anesthesia without any complications. Appropriate intravenous lines were subsequently placed. After induction of anesthesia, the patient received antibiotics, Decadron, diuretics, and antiepileptics. Her head was then placed in a Mayfield skull clamp, turned to expose the prior operative area, and registered to the Stealth navigation system. Her prior pterional incision was marked out. The region was then shaved, prepped, and draped in usual sterile fashion. A surgical time-out was performed to confirm the patient's identity and the intended surgical procedure.



Operative Report

* Final Report *

The skin was sharply opened with a 10 blade and monopolar electrocautery was used to carry the dissection down to the skull. This was subsequently reflected forward. The prior craniotomy site was identified and the prior Stryker plating system was removed. The bone flap was then subsequently carefully removed from the prior dural scar and saved. The dural opening was subsequently identified and re-opened. What appeared to be the prior surgical corridor covered with arachnoid and encephalomalacic scar was identified. This was confirmed on the Stealth navigation system as the prior X corridor. With the use of the Stealth navigation system, this prior corridor was re-opened with bipolar forceps and suction. The metastasis was subsequently identified at the floor of the surgical corridor. A combination of bipolar forceps, bipolar electrocautery, and the CUSA was used to fully resect what could be seen of the metastasis. Motors were checked about roughly 80% of how we felt the resection was completed and at that time, the motors were normal as compared to preoperatively. Upon continued resection, there was noted to be significant decrease in motor signals with a decline of roughly 80% to 90%. At this point, it was felt that the surgery had progressed near enough to either the internal capsule or the projections of the motor cortex and so the decision was made to halt resection at that time in case there had been some iatrogenic injury to her motor function. Meticulous hemostasis and irrigation was subsequently achieved. A monolayer of Surgicel was placed within the resection cavity. The dura was then reapproximated with interrupted 4-0 Nurodon and the epidural space was again irrigated and meticulously hemostased. DuraGen was cut to size, laid over the durotomy. The bone was then plated back with a Stryker plating system. The field was again irrigated and meticulous hemostased. The galeal layers were then reapproximated using inverted interrupted 2-0 Vicryl sutures. The skin edges were then reapproximated with 4-0 Monocryl stitch. The incision was dressed with antibiotic ointment. Drapes were then taken down. The patient's head was removed from the Mayfield skull clamp. She was then extubated and taken to the intensive care unit for further monitoring and care. All sponge and needle counts were correct at the end of the procedure. Again, neurophysiologic monitoring using SSEP was stable; however, as noted within the intraoperative report, MEPs were significantly down on the left body, roughly 80% to 90% at the conclusion of the operation.

The patient's condition otherwise at the conclusion of the operation was stable.

Dictated By: Martin Huy Pham

Gene Y Sung, MD

MHP/MODL

JOB #: 812448/726806122

Signature Line

Electronically Signed on 04/13/17 14:20 PDT

Pham, Martin Huy, MD

Electronically Signed on 02/07/17 06:46 PST

Sung, Gene Y., MD

perative Report
Final Report *



F... ..
P... .. 07/20/2021

Neurosurgery Inpatient Progress Note

* Final Report *

*** Final Report ***

24 hour events: no acute events overnight. POD#1 R crani for resection of R metastatic ovarian cancer (recurrent). LUE and LLE no movement. Pending MRI on 1/7.

Vital Signs (last 24 hrs)

	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	37 DegC (Axillary) (01/06 18:30)	36.4 DegC (Oral) (01/06 08:08)	37.4 DegC (Axillary) (01/06 16:26)
HR	56 (01/07 04:00)	52 (01/06 05:27)	93 (01/06 16:26)
RR	23 (01/07 04:00)	13 (01/07 00:11)	H 29 (01/07 02:12)
SBP	117 (01/07 04:00)	113 (01/07 03:03)	137 (01/06 16:45)
DBP	72 (01/07 04:00)	64 (01/07 03:03)	89 (01/06 19:30)
SpO2	98 (01/07 04:00)	95 (01/06 18:30)	100 (01/06 09:45)

	<u>Recorded</u>	<u>Input</u>	<u>Output</u>	<u>Balance</u>
01/07	07:00-04:44	0	0	0
01/06	7a - 3p	3036.8	2325	711.8
	3p - 11p	731.604	1185	-453.396
	11p - 7a	502.01	675	-172.99
	24hr total	4270.414	4185	85.414

Labs (Last four charted values)

WBC **H 11.9** (JAN 06) **H 10.2** (JAN 06) H 12.8 (JAN 05) 7.9 (JAN 02)
 Hgb L 11.3 (JAN 06) 13.1 (JAN 06) 13.4 (JAN 05) 13.9 (JAN 02)
 Hct L 33.6 (JAN 06) 38.0 (JAN 06) 39.4 (JAN 05) 40.3 (JAN 02)
 Plt 179 (JAN 06) 207 (JAN 06) 219 (JAN 05) 224 (JAN 02)
 Na 141 (JAN 06) 142 (JAN 06) 140 (JAN 05) 141 (JAN 02)
 K 3.9 (JAN 06) 4.2 (JAN 06) 5.1 (JAN 05) 4.2 (JAN 02)
 CO2 22 (JAN 06) 24 (JAN 06) 24 (JAN 05) 27 (JAN 02)
 Cl 105 (JAN 06) 103 (JAN 06) 101 (JAN 05) L 98 (JAN 02)
 Cr L 0.47 (JAN 06) 0.53 (JAN 06) L 0.49 (JAN 05) 0.51 (JAN 02)
 BUN 11 (JAN 06) 18 (JAN 06) 17 (JAN 05) 12 (JAN 02)
 Glucose Random H 223 (JAN 06) H 148 (JAN 06) H 185 (JAN 05) H 147 (JAN 02)
 Mg 1.9 (JAN 06) 2.1 (JAN 06) 2.1 (JAN 05)
 Ca L 8.0 (JAN 06) 9.1 (JAN 06) 9.7 (JAN 05) 9.4 (JAN 02)
 PT H 14.5 (JAN 06) 13.8 (JAN 06) 13.8 (JAN 05) 12.8 (JAN 02)
 INR H 1.14 (JAN 06) 1.07 (JAN 06) 1.07 (JAN 05) 0.97 (JAN 02)

Medications (19) Active

Scheduled: (6)

dexamethasone 4 mg/mL INJ 1 mL 6 mg 1.5 mL, IV Push, Q6H**docusate sodium 100 mg Cap** 100 mg 1 caps, Oral, BID**famotidine 20 mg Tab** 20 mg 1 tabs, Oral, Q12H**insulin regular 100 units/mL INJ 10 mL** MODERATE CORRECTIONAL DOSE, Subcutaneous, ACHS**levETIRAcetam Premix** 1,000 mg 100 mL, IVPB, Q12H**senna 8.6 mg Tab** 8.6 mg 1 tabs, Oral, Nightly

Continuous: (1)

Sodium Chloride 0.9% 1,000 mL 1,000 mL, IV Continuous, 100 mL/hr

PRN: (12)

acetaminophen 325 mg Tab 650 mg 2 tabs, Oral, Q6H-INT**acetaminophen 325 mg Tab** 650 mg 2 tabs, Oral, Q6H-INT

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acetaminophen-HYDROcodone 325 mg-10 mg Tab 1 tabs, Oral, Q6H-INT
acetaminophen-HYDROcodone 325 mg-5 mg Tab 1 tabs, Oral, Q6H-INT
dextrose 50% INJ Syringe 50 mL 25 mL, IV Push, Q15MIN-INT
dextrose 50% INJ Syringe 50 mL 50 mL, IV Push, Q15MIN-INT
glucagon 1 mg INJ PWVL 1 mg, Intramuscular, Q15MIN-INT
hydRALAZINE 20 mg/mL INJ 1 mL 10 mg 0.5 mL, IV Push, Q10MIN-INT
labetalol 5 mg/mL INJ Syringe 4 mL 10 mg 2 mL, IV Push, Q10MIN-INT
morphine 4 mg/1 mL INJ Syringe 2 mg 0.5 mL, IV Push, Q2H-INT
ondansetron 2 mg/mL INJ 2 mL 4 mg 2 mL, IV Push, Q6H-INT
senna 8.6 mg Tab 17.2 mg 2 tabs, Oral, ONCE

Physical exam:

E4M6V5, c/o of moderate pain

A&Ox4, NAD, sleeping in bed comfortably, breathing room air.

EOMI, PERRL

LUE and LLE no movement

RUE and LLE moves to commands

Wound c/d/i

MRI Brain STEALTH w/ and w/o 1/4/17

Interval **increase in size of a heterogeneously enhancing, partially calcified metastatic lesion within the right lentiform region**, as detailed above, likely **consistent with disease progression**.

There is **interval increase in perilesional vasogenic edema, with resultant increased right-to-left midline shift of 12 mm**, previously 9 mm, and interval increase in perilesional diffusion restriction, which may reflect tumor cellularity with/without an element of ischemia.

Assessment/Plan

A/P: 59yo F w/ recurrent metastatic OV CA w/ known brain mets who presented 1/3/17 w/ lethargy, progressive left sided weakness and HA found to have interval increase in right lentiform region mass (likely met) w/ associated increased vasogenic edema extending into right frontal, parietal, and temporal lobes, and with minimal new extension into the pons. S/p R crani for resection 1/6.

Neuro

Vasogenic Cerebral Edema, c/b increasing midline shift

- Midline shift increased, previously 9mm, now 12mm.

- Presenting sx of HA/lethargy/N/V likely 2/2 dz progression (R lentiform region met) w/ associated increased vasogenic edema

- Symptoms/exam improved s/p Dexamethasone.

- **6mg Q6h IV Dexamethasone**; recommend in 4days to decrease to 6mg TID; post operative, neurosurg to define dexamethasone taper.

- q4 neurochecks. Keppra 1g Q12H.

- Norco Q6H pm pain. Morphine 2mg Q2H breakthrough

- PT/OT once appropriate

CV

- EKG NSR

- SBP <140, hydralazine pm >140SBP.

FENGI/PPX

- F: NS 100ml/hr.--> taper off when tolerating diet

- E: replete PRN; Na goal 140-145

- N: passed bedside swallow; consistent carbohydrate diet.

- GI: PPI, bowel regimen

- PPX: SCD

ENDO:

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-ISS while on dexta

ONC

- recurrent metastatic IIC (FIGO 3) Papillary Serous OV CA
- Plan to transfer to GYN ONC primary service (appreciate transfer) once on the floor

#DISPO: pending transfer back to GYN-Onc after stabilization of neurological status.

Martinez Monedero

Lee

Chang

DWA Dr. Pham

Admitted from emergency room ☐ Transfer from acute center ☐ transfer from skilled nursing facility / long term acute care facility ☐

Palliative Care ☐ Ventilator within 24h of Admission ☒

Neurologic: Coma ☐ Coma > 24h ☐ Loss of consciousness <30 m ☐ 30m-1h ☐ 1-6h ☐ 6-24h ☐ >24h ☒ Without return to

pre-injury level ☒

☐ Delirium ☐ Encephalopathy ☒ Compression of brain ☒ Cerebral Edema ☒ Anoxic brain damage ☐ Locked in

Dementia ☐

State ☐ PRES ☐

Concussion ☐ loss of consciousness <30 m ☐ 30m-1h ☐ 1-6h ☐ 6-24h ☐ >24h ☒

Diffuse Traumatic Brain Injury ☐ loss of consciousness <30 m ☐ 30m-1h ☐ 1-6h ☐ 6-24h ☐ >24h ☐

Skull fracture ☐ of _____, displaced ☐ open ☐

Communicating Hydrocephalus ☐ Noncommunicating hydrocephalus ☐ Cerebrospinal fluid leak ☐

Cerebral infarction ☐ due to embolism ☐ stenosis ☐ thrombosis ☐ cerebral venous thrombosis ☐ other ☐ _____

Dissection: cerebral artery ☐ carotid ☐ vertebral ☐ other ☐ _____

Subarachnoid hemorrhage ☐ traumatic ☐ due to _____ acute ☐ subacute ☐ chronic ☐ loss of consciousness <30 m ☐ 30m-1h ☐ 1-6h ☐ 6-24h ☐ >24h ☐

Intracerebral hemorrhage/contusion ☒ traumatic ☐ due to _____ located in cerebellum acute ☐ subacute ☒ chronic ☐ loss of consciousness <30 m ☐ 30m-1h ☐ 1-6h ☐ 6-24h ☐ >24h ☐

Intraventricular hemorrhage ☐ traumatic ☐

Subdural hemorrhage ☐ traumatic ☐ acute ☐ subacute ☐ chronic ☐ loss of consciousness <30 m ☐ 30m-1h ☐ 1-6h ☐ 6-24h ☐ >24h ☐

Epidural hemorrhage ☐ traumatic ☐ acute ☐ subacute ☐ chronic ☐ loss of consciousness <30 m ☐ 30m-1h ☐ 1-6h ☐ 6-24h ☐ >24h ☐

Malignant primary neoplasm of brain ☐ of _____ type in _____ location, **Metastatic cancer / malignant secondary neoplasm to brain ☒** of Ovarian cancer type in _____ location

Malignant primary neoplasm of spinal cord ☐ of _____ type in _____ location, Metastatic cancer / malignant secondary neoplasm to spinal cord ☐ of _____ type in _____ location

Benign neoplasm ☐ of _____ type in _____ location

Epilepsy ☐ intractable ☐ status epilepticus ☐

Spinal fracture ☐ of _____ level of _____ type acute ☐ subacute ☐ chronic ☐ displaced ☐ unstable ☐

Spinal Cord Compression ☐ Cauda Equina Syndrome ☐ Quadriplegia ☐ Acute Spinal cord infarction ☐ Anterior cord syndrome ☐ at _____ level, Central cord syndrome ☐ at _____ level, Complete spinal cord injury ☐ at _____ level, Incomplete spinal cord injury ☐ at _____ level

OTHER DIAGNOSES: _____

Psychiatric: Abuse ☐ of _____ Dependence ☐ on _____ Withdrawal ☐ from _____

OTHER DIAGNOSES: _____

Cardiovascular: Hypotension ☐ Shock ☐ of _____ etiology, Arrhythmia ☐ of _____ type STEMI ☐ NSTEMI ☐ Acute Endocarditis ☐ Acute Myocarditis ☐ Cardiac Arrest ☐ Acute Systolic Heart Failure ☐ Acute Diastolic Heart Failure ☐ Chronic Systolic Heart Failure ☐ Chronic Diastolic Heart Failure ☐

OTHER DIAGNOSES: _____

Pulmonary: Acute Respiratory failure ☒ Acidosis ☐ Hypoxemia ☐ Hypercapnia ☐ Pulmonary embolism ☐ Saddle pulmonary embolism ☐ Pulmonary heart disease ☐ COPD ☐ Asthma ☐ Bronchitis ☐ Pneumonia ☐ with Aspiration ☐ of _____ type

OTHER DIAGNOSES: _____

Gastrointestinal/Nutritional/ Electrolyte: Malnutrition ☐ Liver disease ☐ acute ☐ of _____ type Hyponatremia ☐ Hypernatremia ☐

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Hypokalemia [] Hyperkalemia [] Hypocalcemia [] Hypercalcemia [] Hypomagnesemia [] Hypermagnesemia [] OTHER
DIAGNOSES: _____
Genitourinary: Chronic Kidney Disease 4 [] Chronic Kidney Disease 5 [], Acute Kidney Failure [], hemodialysis []
OTHER DIAGNOSES: _____
Hematologic: Acute post hemorrhagic anemia [], Acute anemia [] due to _____, Chronic anemia [x] due to _____, Disseminated
Intravascular Coagulation [] Lymphoma [] of _____ type located in _____, Leukemia [] of _____ type, in remission [] in relapse
[]
OTHER DIAGNOSES: _____
Infectious/ Inflammatory SIRS [] Sepsis [x] due to _____, with Septic shock [], Abscess [] due to klebsiella organism
in BAL, blood location, Meningitis [] due to _____ organism Encephalitis [] due to _____ organism, ventriculitis [] due to _____
OTHER DIAGNOSES: _____
Endocrinology: Type 1 Diabetes Mellitus [] Type 2 Diabetes Mellitus [x] with Ketoacidosis [] with Coma [] with hyperosmolarity
[] Hypopituitarism [] Hypothyroidism [] Adrenocortical insufficiency [] Cushing Syndrome [] Cushing Disease [] Diabetes
Insipidus []
OTHER DIAGNOSES: _____
Integumentary / Musculoskeletal: Pressure ulcer [] stage _____, Fracture [] of _____, displaced [] open []

Signature Line

Electronically Signed on 06/12/17 12:00 PDT

Martinez Monedero, Rodrigo, MD

Electronically Signed on 01/07/17 08:06 PST

Chang, Ki-Eun, MD

Electronically Signed on 01/21/17 10:16 PST

Pham, Martin Huy, MD

Lee, Justin C., MD

in OR Intraoperative Record
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*** Final Report ***

: Main OR Intraop Nursing Record (Verified)

SC Main OR Intraop Nursing Record Summary

Primary Physician: Pham, Martin Huy
 Case Number: USCOR-2017-126
 Analyzed Date/Time: 01/06/17 16:40:04
 Name: [REDACTED]
 O.B./Sex: [REDACTED]
 Id Rec #: 100146405
 Physician: ERADMDAT, ERADMDAT
 Financial #: 1006373034
 Type: I
 Room/Bed: OR/05
 Limit/Disch: 01/02/17 22:25:00 -
 Institution:

Safety Checklist 2) Time Out - USC MOR

Pre-Care Text:

A.10 Confirms patient identity A.20 Verifies operative procedure, surgical site, and laterality A.20.1 Verifies consent for planned procedure A.30 Verifies allergies

Entry 1

Final Time Out was inducted based on the DHS Final Time it checklist/Standards:	Yes	Comments	N/A
Final Time Out Participants ceased activity, confirmed patient, site, procedure, and consents	Yes	Comments	N/A
Time Out Members	Chang, Ki-Eun, Selzer, Sydney R, Chavezticas RN, David, POORMAN, CHELSEA, Sam, John, Vesely, Michael	Time Out Time	01/06/17 11:59:00

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side, and level surgery

Surgical Procedures - USC MOR

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality A.20.2 Assesses the risk for unintended retained foreign body Im.20 Performs required counts

Entry 1

Procedure Description Procedure	Craniotomy Tumor Resection Image-Guided	Procedure Code	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
Modifiers	Right		

ated by:
 ated on:

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Primary Procedure	Yes	Attending Surgeon of Record	Pham, Martin Huy
Start	01/06/17 12:00:00	Stop	01/06/17 15:51:00
Anesthesia Type	General	Surgical Service	Neurosurgery (SN)
Room Class	1-Clean		

Post-Care Text:

0.730 The patient's care is consistent with the individualized perioperative plan of care

Case Times - USC MOR

Entry 1

Patient			
Patient In Room Time	01/06/17 09:35:00	Patient Out Room Time	01/06/17 16:24:00
Procedure Start Time	01/06/17 12:00:00	Procedure Stop Time	01/06/17 15:51:00

Case Attendance - USC MOR

Entry 1

Use Attendee Pham, Martin Huy
 Role Performed Surgeon - Attending
 Role In 01/06/17 09:35:00
 Role Out 01/06/17 16:24:00
 Procedure(s) Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 2

Chang, Ki-Eun
 Surgical Resident
 01/06/17 09:35:00
 01/06/17 16:24:00
 Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 3

Selzer, Sydney R
 Anesthesia Resident
 01/06/17 09:35:00
 01/06/17 16:30:00
 Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 4

Use Attendee Chavazticas RN, David
 Role Performed Scrub - Primary
 Role In 01/06/17 09:35:00
 Role Out 01/06/17 16:24:00
 Procedure(s) Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 5

POORMAN, CHELSEA
 Scrub - Relief
 01/06/17 09:35:00
 01/06/17 15:24:00
 Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 6

Sam, John
 Circulator - Primary
 01/06/17 09:35:00
 01/06/17 15:30:00
 Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 7

Use Attendee Vesely, Michael
 Role Performed Other Authorized
 Personnel
 Role In 01/06/17 09:35:00
 Role Out 01/06/17 16:24:00
 Procedure(s) Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 8

Roby, Jay P.
 Anesthesiologist -
 Attending
 01/06/17 09:35:00
 01/06/17 11:02:00
 Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 9

Relente, Dioscoro
 Circulator - Relief
 01/06/17 15:15:00
 01/06/17 16:24:00
 Craniotomy Tumor
 Resection
 Image-Guided(Right)

Entry 10

Use Attendee Alexander, Russel
 Role Performed Anesthesiologist -
 Attending
 Role In 01/06/17 14:51:00
 Role Out 01/06/17 16:30:00
 Procedure(s) Craniotomy Tumor
 Resection
 Image-Guided(Right)

Dictated by:
 Dictated on:

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Catheter, Drains, Tub - USC MOR

Pre-Care Text:

A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance
 Im.250 Administers care to invasive device sites

Entry 1

Device Description	TRAY CATHETERIZATION SURESTEP BARDEX COMPLETE CARE STATLOCK 16FR URINE METER	Device Type	Indwelling
Location	Bladder	Balloon Inflation Amount	10mL
Present on Arrival?	No	Inserted By	Sam, John
Added at End of Case?	No		
Drainage Details			
Drainage?	Yes	Amount	Measured in Milliliters (mL)
Color	Yellow	Consistency	Watery
Drainage System	Dependent drainage bag		
Outcome Met (O.60)	Yes		

Post-Care Text:

E.340 Evaluates tubes and drains are intact and functioning as planned O.60 Patient is free from signs and symptoms of injury caused by extraneous objects

Counts Verification - USC MOR

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality A.20.2 Assesses the risk for unintended retained foreign body Im.20 Performs required counts

Entry 1

Procedure	Craniotomy Tumor Resection Image-Guided(Right)		
Initial Counts			
Initial Counts Performed By	Chaveztcas RN, David, Sam, John	Items included in the Initial Count	Sponges, Sharps
Closing Counts			
Closing Counts Performed By	Chaveztcas RN, David, Sam, John	Items included in the Closing Count	Sponges, Sharps
Final Counts			
Final Count Status	Correct	Did you use Radio Frequency Wandering for this case?	No
Final Counts Performed By	Relente, Dioscoro, Chaveztcas RN, David	Items Included in Final Count	Sponges, Sharps
Outcome Met (O.20)	Yes		

Post-Care Text:

E.50 Evaluates results of the surgical count O.20 Patient is free from unintended retained foreign objects

Counts Ver Additional - USC MOR

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality A.20.2 Assesses the risk for unintended retained foreign body Im.20 Performs required counts

Entry 1

Additional Count	Shift Change	Additional Count Participants	Relente, Dioscoro
Count Status	Correct	Items Counted	Sponges, Sharps
Outcome Met (O.20)	Yes		

Post-Care Text:

E.50 Evaluates results of the surgical count O.20 Patient is free from unintended retained foreign objects

ended on:

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Patient Positioning - USC MOR

Pre-Care Text:

A.240 Assesses baseline skin condition A.280 Identifies baseline musculoskeletal status A.280.1 Identifies physical alterations that require additional precautions for procedure-specific positioning A.510.8 Maintains patient's dignity and privacy Im.120 Implements protective measures to prevent skin/tissue injury due to mechanical sources Im.40 Positions the patient Im.80 Applies safety devices

Entry 1

Procedure	Craniotomy Tumor Resection Image-Guided(Right)	Body Position	Supine
Left Arm Position	Tucked and padded at side	Right Arm Position	Tucked and padded at side
Left Leg Position	Elevated	Right Leg Position	Elevated
Feet Uncrossed?	Yes	Pressure Points Checked	Yes
Positioning Device	Board - Arm, Elbow Protector, Head Protector, Strap - Safety, Table - Standard	Positioned By	Chang, Ki-Eun, Selzer, Sydney R, Chavezticas RN, David, Sam, John
Safety Strap Applied?	Yes	Location	Above Knees, Abdomen
Outcome Met (0.80)	Yes		

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.290 Evaluates musculoskeletal status O.80 Patient is free from signs and symptoms of injury related to positioning

Assessment of Body - USC MOR

Entry 1

Date/Time Checked	01/06/17 12:40:00	Site	Arm, left, Arm, right, Torso, Leg, left, Leg, right
-------------------	-------------------	------	---

General Comments:

BUE AND BLE WARM TO TOUCH WITH PULSES PAPABLE. RECT POSITION AND ALIGNMENT. HEAD SECURED IN STERILE FIELD WITH MAYFIELD.

Skin Prep - USC MOR

Pre-Care Text:

A.30 Verifies allergies A.20 Verifies procedure, surgical site, and laterality A.510.8 Maintains patient's dignity and privacy Im.270 Performs Skin Preparation Im.270.1 Implements protective measures to prevent skin and tissue injury due to chemical sources A.300.1 Protects from cross-contamination

Entry 1

Skin Prep		Prep By	Chavezticas RN, David
Prep Agents (Im.270)	Iodine Povacrylex and Isopropyl Alcohol	Prep Area Details	Right
Prep Area (Im.270)	Head		
Skin Prep Agent Dry Without Pooling	Yes		
Hair Removal		Hair Removal By	Chang, Ki-Eun
Hair Removal Methods	Clipper	Hair Removal Site	Right
Hair Removal Site	Head	Details	
Outcome Met (0.100)	Yes		

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.100 Patient is free from signs and symptoms of chemical injury

General Case Data - USC MOR

Pre-Care Text:

A.350.1 Classifies surgical wound

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Entry 1

Case Information

OR	USC OR 07	Case Level	5
Found Class	1-Clean	Specialty	Neurosurgery (SN)
ASA Class	3		
Preop Diagnosis	Malignant neoplasm of brain		

Post-Care Text:

O.760 Patient receives consistent and comparable care regardless of the setting

Implant Log - USC MOR

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality A.20.1 Verifies consent for planned procedure
 Im.350 Records implants inserted during the operative or invasive procedure

	Entry 1	Entry 2	Entry 3
Implant/Explant	Implant	Implant	Implant
Implant Identification			
Description	GRAFT SOFT TISSUE DURAFORM COLLAGEN L3 IN X W3 IN DURAL TEXTURE TOP SURFACE SMOOTH BOTTOM STERILE 3X3	53-05514 14MM BURR HOLE C	PLATE BONE 12MM CRANIOMAXILLOFACIAL TITANIUM 2 HOLE LOW PROFILE BAR 1.5MM SCREW
Size		14MM	12MM
Serial Number			
Lot Number	CT004102	CT004102	CT004102
Manufacturer	CODMAN	STRYKER CRANIOMAXILLOFACIAL	STRYKER
Catalog #	801478	53-05514	5305212
Expiration Date	10/31/18	10/31/18	
Age Data			
Implant Site	Scalp	Scalp	Scalp
Quantity	1	3	1
Outcome Met (O.30)	Yes	Yes	Yes

Entry 4

Implant/Explant	Implant
Implant Identification	
Description	SCREW BONE LEIBINGER TITANIUM L4 MM OD1.5 MM NEURO SELF TAP CROSS PIN NONSTERILE 4MM
Size	
Serial Number	
Lot Number	CT004102
Manufacturer	STRYKER
Catalog #	5015004
Expiration Date	
Age Data	
Implant Site	Scalp
Quantity	14
Outcome Met (O.30)	Yes

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side and level surgery O.30 Patient's procedure is performed on the correct site, side, and level

Medication Administration - USC MOR

Pre-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.10 Patient is free from

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	Entry 1	Entry 2	Entry 3
Medication Administered	BACITRACIN 50,000 UNITS/1 VIAL INJECTION	LIDOCAINE 1% with EPINEPHRINE 1:100,000 INJ, 20 ML INJ	THROMBIN TOPICAL 20,000 UNITS
Route of Admin	Topical	Subcutaneous	Topical
Dose	100000 units	8 mL	40000 units
Administered By	Chang, Ki-Eun	Chang, Ki-Eun	Chang, Ki-Eun
Outcome Met (O.130)	Yes	Yes	Yes

Post-Care Text:

E.20 Evaluates response to medications O.130 Patient receives appropriately administered medication(s)

Patient Care Devices - USC MOR

Pre-Care Text:

A.200 Assesses risk for normothermia regulation A.40 Verifies presence of prosthetics or corrective devices
 Im.280 Implements thermoregulation measures Im.60 Uses supplies and equipment within safe parameters

	Entry 1	Entry 2	Entry 3
Equipment Type	WARMER BAIR HUGGER *USC	PUMP, ALP 501 COMPRESSION *USC	TABLE CMAX *USC
Serial Number	48141	28743	C431107089
Settings (if applicable)	43 LOWER	BLE	
Lead Number (if applicable)			
Date Sterilized			
Comments			
Outcome Met (O.700)	Yes	Yes	Yes

	Entry 4	Entry 5	Entry 6
Equipment Type	MICROSCOPE PENTERO *USC	NAVIGATION MACHINE WITH MONITOR *USC	C-USA - INTEGRA *USC
Serial Number	6631420991		HFB14027021E
Settings (if applicable)			
Lead Number (if applicable)			
Date Sterilized			
Comments			
Outcome Met (O.700)	Yes	Yes	Yes

Post-Care Text:

E.10 Evaluates signs and symptoms of physical injury to skin and tissue O.700 Patient is free from signs and symptoms of injury caused by extraneous objects

Surgical Irrigation - USC MOR

Pre-Care Text:

A.280 Verifies allergies A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance Im.210 Administers prescribed solutions A.280.1 Implements protective measures to prevent skin or tissue injury due to thermal sources

	Entry 1	Entry 2
Irrigant	Yes	Yes
Irrigant Used:	SOLUTION INTRAVENOUS VIAFLEX LACTATED RINGERS 1 L LATEX FREE	SOLUTION IRRIGATION WATER 1 L PLASTIC POUR BOTTLE STERILE
Irrigant Volume In	1 L	1 L
Irrigant Volume Out	1 L	1 L
Is irrigation		
Aditives must be		
Entered in the Med		

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Administration

Segment.

Outcome Met (O.300) Yes Yes

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.300 Patient is free from signs and symptoms of injury due to thermal sources

Autery - USC MOR

Pre-Care Text:

A.240 Assesses baseline skin condition A280.1 Identifies baseline musculoskeletal status Im.50 Implements protective measures to prevent injury due to electrical sources Im.60 Uses supplies and equipment within safe parameters Im.80 Applies safety devices

Entry 1

Entry 2

W Type	Bipolar Unit	Electrosurgical Unit
Identification	102813	flf18042a
Number		
Accessories Used		
W Settings		
Bipolar Setting	45	
Blend Setting		
Coag Setting		45
Cut Setting		45
Instrument/Model		
Type		
Other Settings		
Percentage		
Power Level		
Temperature		
(Celsius)		
Total Time Used		
Grounding Pad		
Details		
Grounding Pad	No	Yes
Sealed?		
Grounding Pad Lot		62080269X EXP 2018-08
Number		
Within Expiration		Yes
Date?		
Grounding Pad Site		Thigh
Grounding Pad Site		Right
Detail		
Hair Removed Under		No
Grounding Pad		
Hair Removed Using:		
Skin Condition		Intact
Under Grounding Pad		
Verified By		Sam, John
Smoke Evacuation	No	No
Device Used		
Smoke Evacuation		
Unit:		
Outcome Met (O.10)	Yes	Yes

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.10 Patient is free from signs and symptoms of injury related to thermal sources

Cultures and Specimen - USC MOR

Pre-Care Text:

A.20 Verifies operative procedure, surgical site, and laterality Im.320 Manages culture specimen collection Im.330 Manages specimen handling and disposition

Entry 1

Cultures Ordered	n/a	Specimens Ordered	Yes
------------------	-----	-------------------	-----

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Outcome Met (0.40) Yes

Post-Care Text:

E.40 Evaluates correct processes have been performed for specimen handling and disposition 0.40 Patient's specimen(s) is managed in the appropriate manner

General Comments:

Chang, Ki frozen 1. right brain met routine 1. IN FORMALIN 1. right brain met routine

Dressing/Packing - USC MOR

Post-Care Text:

A.350 Assesses susceptibility for infection Im.250 Administers care to invasive devices Im.290 Administer care to wound sites Im.300 Implements aseptic technique

Entry 1

Prep Agent Yes

Removed Prior to

Dressing?

Dressing Item

Details

Dressing Item

Other: See comments

(Im.290)

Site Head

Site Details

Right

Outcome Met (0.200) Yes

Post-Care Text:

E.320 Evaluate factors associated with increased risk for postoperative infection at the completion of the procedure 0.200 Patient's wound perfusion is consistent with or improved from baseline levels

General Comments:

Non-adhesive Telfa Dressing

Communication - USC MOR

Entry 1

Entry 2

Communication Patient Flow/Bed Control

RN Report to Unit/Floor

Communication By Relente, Dioscoro

Relente, Dioscoro

Date and Time 01/06/17 15:40:00

01/06/17 16:15:00

Skin Assessment - USC MOR

Post-Care Text:

A.240 Assesses baseline skin condition Im.120 Implements protective measures to prevent skin or tissue injury due to mechanical sources Im.280.1 Implements protective measures to prevent skin or tissue injury due to thermal sources Im.360 Monitors for signs and symptoms of infection

Entry 1

Skin Integrity Intact

Outcome Met (0.60)

Yes

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.270 Evaluate tissue perfusion 0.60 Patient is free from signs and symptoms of injury caused by extraneous objects

Safety Checklist 3) Sign Out - USC MOR

Post-Care Text:

Im.330 Manages specimen handling and disposition

Entry 1

Nurse verbally Yes

Nurse verbally

Yes

Confirms with team

confirms with team

Name of the

specimen identity

Operative

and label

Procedure(s) and

Correct CPT code

Nurse verbally

NA

The nurse confirmed

Closed

Confirms with team

with the surgeon

by equipment

and the incision is:

problems to be

In OR Intraoperative Record
 Final Report *

Addressed	Yes	All team members	Yes
Are the		review key concerns	
Instrument, sponge,		for recovery and	
and needle counts		management of	
correct?		patient	
Is this case a	No	Was this an	No
trauma case?		endoscopic case?	
Is an implant used	Yes		
for this case?			

Post-Care Text:
 E.800 Ensures continuity of care E.50 Evaluates results of the surgical count
 General Comments:
 PROCEDURE AND CPT CODE VERIFIED WITH DR. KI-EUN CHANG.

Departure from OR - USC MOR
 Entry 1

Transport Time	01/06/17 16:25:00	Patient Handoff Status	Drowsy
Transfer Evaluation Assessment	ESU Pad Site Checked, Tubes Drains Chains Secured, Warm Blanket Applied, Pressure Areas Checked, Sterile Dressing Intact Extubated	Skin Condition	Warm, Dry
Patient Handoff Status		Oxygen in Use?	Yes
Flow Rate	6 L/min	Airway Device	Nasal Cannulae or Mask
Patient IV Access	Yes	Post-op Destination	PACU
Patient			
Discharge	Gurney		
Report Given By	Relente, Dioscoro	Report Given To	PANYAPITAK, SUPALAK
Time	01/06/17 16:28:00		
Discharged/Transferred			
and			

Case Comments
 <None>

Finalized By: Relente, Dioscoro

Document Signatures
 Signed By:

Relente, Dioscoro 01/06/17 16:40